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TO HOSPITA BR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be N. Sed by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be the with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.	H	NA CEX
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	COUNTY	AR Copd.		MARYLAND	11 0	STATE / (C)	There deceased live	ed. If institution b. COUNTY	Residence be	fare admission)	/
b	CITY OR TOWN (II	autside corporate limits,	write c. LENGT	H OF STAY IN 18	5.	CITY OR TOWN (IF	autside carporate	limits, write RUE	AL and give n	earest town)	-
H	RURAL and give no	e brace		dar.		Ber	yton	HAR	260	UR	
d	OR INSTITUTION	Al. (If not in haspital, give	street address)	17	d.	STREET ADDRESS		· Service	CAV	e. IS RESIDENC	
1	Jackons	menn	real	Hosp				V	1/-	YES NO	
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10a.	USUAL OCCUPATIO	ON (Give kind of work doing life, even if retired)	ne 10b. KIÑD OF E	BUSINESS OR INI	DUSTRY 1			(4)	12. CITIZEN	OF WHAT COUNT	RY?
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13. 1	ATHER'S NAME				14.7	MOTHER'S MAIDEN	NAME				
1		l Knee				Unkno	wn.				
IS. Y		R IN U. S. ARMED FORCE		CURITY NO. 17	, INFORM	ANT		Addres			
	no		none		Raym	ond H. Bo	wer	Upper I	alls,	Maryland	
	IB. CAUSE OF DEA	TH [Enter only one caus	per line far (a))	(b), and (c)			-			TERVAL BETWEEN	
	PART I. DEA	TH WAS CAUSED BY:	ardin	200	econ	Deusal	in !	repum	est.	NSET AND BEAT	1
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7	lying cause last.) (c)_	TOLIO CONTROLLIA		MAR ALMER O			A IMPERAL MILITE	1 40 2 50 pm 11 - 1	The was auton	icv.
OL I	EAST III OIL	HER SIGNIFICANT CONDI	TIONS CONTRIBUT	ING TO DEATH E	SUI NOI K	ELATED TO THE TERM	MINAL DISEASE CC	DINDITION GIVE	VIN PART I(d)	PERFORMED	31
CA	100	aveles 1	melly	us						YES NO	ষ্
MEDICAL CERTIFICATION	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCRIBE HOW	V INJURY OCCUP	RRED. (Ente	r nature of injury in	n Part (ar P a rt II e	of item 18.)			
AL	20c. TIME OF INJUR	Y Manth, Day, Year	20d. INJURY OCC	CURRED 20e.	PLACE OF	INJURY (Hame, far	rm, 20f. (City or	tawn)	(Cauni	y) (Ste	ate)
EDIG	Hour a. m	19		white	factory, si	reet, affice bldg., e	tc.)			.,	
2	p. m.	<u> </u>	at wark at wa		1	7.	1	- /	-/-		
	21. I certify tha	t (1) (this haspital)	A LANGE	1 13			9.10.1a	2/5	- 19.00	that (I) (we) !	ast
	saw the deceas	ed alive an DA	Sec ys	and tha	t death	accurred at/_2	M, fram the	causes and	an the da	te stated abo	
	220. SIGNATURE	Lan 1	7			ATTENDING >	MED S	TAFF		226 DATE	HED
-		agen	1000	nus	M.D. F	HYS.	DIRECTOR	HYS. 🗆	100	2/5/6	0
	22c. PHYSICIAN'S NAME (Type) Z	= 2000	1		12	2d. ADDRESS	do	Ann	00	101	2
		-course	C. LE	00, m	0	HOLLY	e cec	mac	00	week	-
23a.	BURIAL, CREMATIO	N. 23b. DATE THEREOF	23c. NA/	ME OF CEMETERY	OR CREA	NORY.	23d. LOCATION	(City, town, or	county)	(State)	
	RAMOVAL (Specify)	Dec .6 .1960	Rei	ser Mort	uary		Benton	Harbor	Mic	higan	
24.	LINERAL DIRECTOR	S SIGNATURE	ADD	RESS		25a. REC	DEC 7 60	25b. REGIST	RAR'S SIGNAT	URE	
1	Jewayd 1	Mitenue	X	Abingo	on M	d. DATE	DEC 1 DC	Ca	thur S. T	intel	
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he funeral director, should be filed with RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ed by the haspital ar attending physician.

RECTOR: After this certificate has been signed by the attending physician and campletely filled in be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 I, cremation, ar remaval, and in any event, within 72 hours after death,

ofter death. Page 4

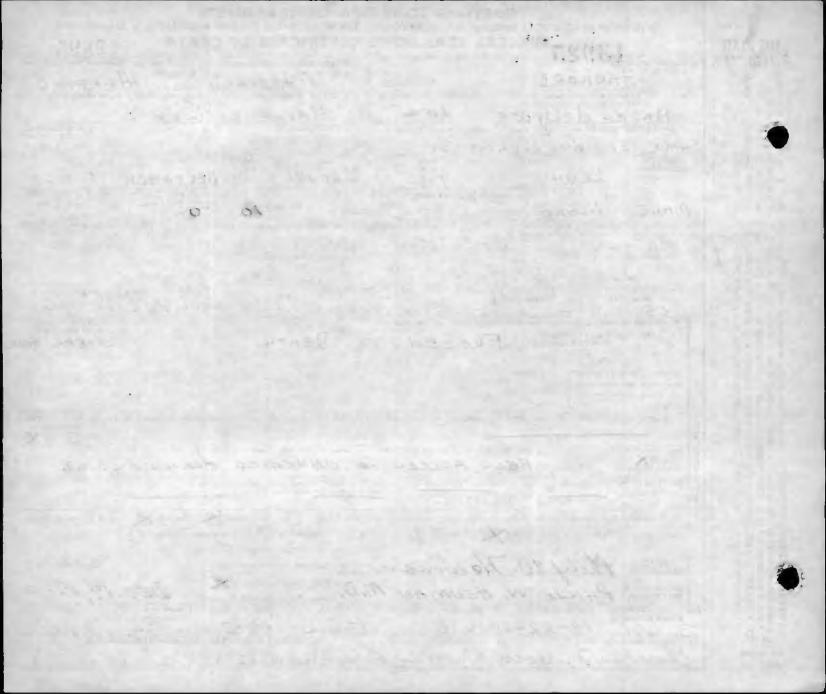
TO HOSPITA

this certification is a purior to burior	Oc. TIME OF INJURY Month, Doy, Hour o. m	19
KAL DIRECTOR: After should be detached far e Board of Health prior	21. I certify that (I) (this has saw the deceased alive and 220, SIGNATURE 22C. PHYSICIAN'S NAME (Type) Edward	A
(F) Code 3 s	230. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify) 17 EC 3 24. FUNERAL DIRECTOR'S SIGNATURE /	
		_

1. PLACE OF DEATH O. COUNTY HAT FOR	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	lived. If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpore	ote limits, write RURAL and give nearest town)
HAVE de VI	ace /days	HAVre de	GRACE
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	13	d. STREET ADDRESS	o, is residence on a farm?
HARFORD MEKORIA		KAI HIJANO	e of YES NO
3. NAME OF DECEASED (Type or print) Adelia	M. Brack	eurich 4. Date of DEATH	December 28 1960
1 / / / / /	MARRIED NEVER MARRIED	B. DATE OF BIRTH	P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Igst birthday Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work dor	VIDOWED DIVORCED DIVORCED	5/29/8/	yrs. 12.CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	TEL TOD. KIND OF BUSINESS OK INDU	STRY II. BIRTHACE (State or foleign Con	1/50
13. FATHER'S NAME	J. V. MC	14. MOTHER'S MAIDEN NAME	- 1
VAMES	Akers	MOLLIE	? Akers with
15. WAS DECEASED EVER IN U. S. ARMED FORCE		NFORMANS	2-1 A-LAddress NO. E. ST
7	1//	. Vaul Dlaken	HAVRE DE GRACE MD.
18. CAUSE OF DEATH [Enter only one couse	e per line for (o), (b), and (c).)	allo late	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	mema c	end left Mem	plegia week
T T 2 X DUE TO	Hespe to 1ing an	do to to solo	to Codia
gave rise to immediate DUE TO	The centure on	a uner co scero	ac Certao
lying couse lost. (c)	Jascular and	renal disease	3 years
PARTIL OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?
3 Jeaveles	unellus		YES NO
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	35. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part	il of item (D.)
20c. TIME OF INJURY Month, Doy, Year	60	ACE OF INJURY (Home, form, 20f. (City octory, street, office bldg., etc.)	or town) (County) (State)
Hour o. m. 19	While Not while of work at work		
21. I certify that (I) (this hospital)			Dec 2874 19 60 that (1) (we) last
saw the deceased alive an Dec	28 Th 19 ba and that	death accurred at PM, from t	he causes and on the date stated above.
220, SIGNATURE		M.D. PHYS. MED. DIRECTOR	STAFF 19 2 19 NED
22c. PHYSICIAN'S	worm,	M.D. PHYS. DIRECTOR	PHYS 3/28/60
NAME (Type) Edward	c. Loo, M.) ZIIN. Union	Ave. Havre de grace,
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	0	ON (City, town, or county) (State)
MENOVAL PECSO,	1960 END OF TRAIL		
24. FUNERAL DIRECTOR'S SIGNATURE	HAURE DE CHE	ACE NO. DATE DEC 3 0	
11/10000000 TOUCHELL	beating or all	DEC 3 0	DU I TOUR

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do l	Item 21 Film 278 1-3-MARYPAND STATE DEPARTMENT OF REALTH
14 12	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	1209 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13895
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Page, lles,	* STATE MARYLAND 6. COUNTY HARFORD
B C F ZC X	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
of Section 1	HAVRE DECTRACE LIFE SHAVRE DE GRACE
500	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
and	SHACK ERIE AND ADAMS ST. YES NO ST.
f any dr he funer retained e State B death.	DECEASED , OF
1 to the the	
dealf d 3 t d var with rs aft	Mark = A/ A/ Never markies 7 last birthdey) Months Days Hours Min.
hou hou	106. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or toreign country) 12. CITIZEN OF WHAT COUNTRY?
s 1, 2	done during most of working lile, even if retired) (CANTA actus; adams, de Brace, MA U. S. a.
Pages Pages Pages Pages	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	John Brown Adoline Taylor
File File	15. WAS DECERSED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 329 market de
The Towns	(Yas, no, or unkown) (Ifyasgivawaror datasolservica) 218-05-2276 Mrs. annie Tildew. Havre de Grace, md.
cuted a liem g with it perm	IB. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
il in long ansit	PART I. DEATH WAS CAUSED BY: FROZEN TO DEATH SEVERAL HODRS
9 e e e e e e e e e e e e e e e e e e e	932.8 DUE TO
should to page, in page, so Office a burial	Conditions, if any, which (b)
2 D N 10 0	gave rise to immediate causa (a), stating the undarlying DUE TO
sadin niner nd es	cause last. (c)
"pen Examir Examir used	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
his ce word ical E id be remat	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (Ia) 19. WAS AUTOPSY PERFORMED? YES NO E
	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Part II of Item 18.) FBL4 ASLEEP IN UNHEATED OPEN BUILDING
E O e o	
N S C S C	Hour a.m. White Not White of factory, street, office bldg., atc.)
cate, vo the OR: P prior	
	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes A Accident XI. Suicide I. Homicide I. Undetermined manner
O S P M S	death resulted from: Natural codes Accident X. Suicide . Homicide . Undetermined manner
日本 子口 マ	ACTUAL ALDIAL SI
	SIGNATURE THULP W. HENNAM M.D. ASSISIANI MEDICAL EXAMINER DATE SIGNED
S EE	NAME (Type) PHILIP W. HEUMAN 11.D. Address (Street, city, lown, or county) DEC. 14, 1760
DEPU ease ex should FUNE r its des	228. BURHAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0 540 8	Burial 12-22-60 Baltimore National Bultimore City Maryland
Ne Mene	23. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE
VS. A15ME 5M 9/60	Cloner 6: / Sullock, Havre de Dracy Majorie DEC 2 2 '60 Chilling & thouse



VS A15 (4) 1SM 10/57 MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, 18

13926 CERTIFICATE OF DEATH	Reg. Dist. No. 138	96
MARYLAND	b. COUNTY (b. COUNTY)	
b. CITY OF TOWN (If outside corporate limits, write c. HENGTH OF STAY IN 16 c. CITY OR JOWN (If outside compares) town of the control of the	ide carpoyate limits, write RURAL and give nearest lawn)	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS 625 D. LU	ashington) e. IS RESIDEN ON A FAR YES NO	RM?
3. NAME OF DECEASED (Type or print) Connie Shipley Budnich	DATE Month Day Year OF DEATH DEATH 29, 19	60
5. SBX 6. COLOR OR RACE 7. MARRIED NEVER MARKED 8. DATE OF BIRTH TURNALE WIDOWED DIVORCED 3/5/187/	84 m.	HRS. Win,
10a. USUAL OCCUPATION (Give And of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or driving most of working life foren if retired) Thuse Usual Balling	100 /114. Wid. A.	UNTRY?
Benjamin F. Shipley Henrietta	Cels	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SECIAL SECURITY NO. 17. INFORMANT [Yes, not or unknown] (II yes, give wor or dotat of service) Unlimen Miss Fordman	Ranson Henry de Stease	Jul.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	INTERVAL BETWE ONSET AND DEA 5 Min	ATH
Canditions, if ony, which) (b) Curnary & Classen	5 hor	uo.
gave rise to immediate couse (o), stoling the under-tying couse lost. DUE TO (c) Articles Sclerosis	25 yrs	ars
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Por or Contributing CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED.	PERFORMEI YES NO	D?
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour p. m. 19 of work of work 19 of work	20f. (City or town) (County) (S	Stole}
		Sole.
PHYSICIAN'S FRANK WOLBERT NO ME	ayland !	76
Acmoral (Specify) 1/4/1961 Gengel Itely	James May	
23. FUNERAL DIRECTOR'S SIGNS GREET JAMES J	N 5 '61 Cathury & Krowa	

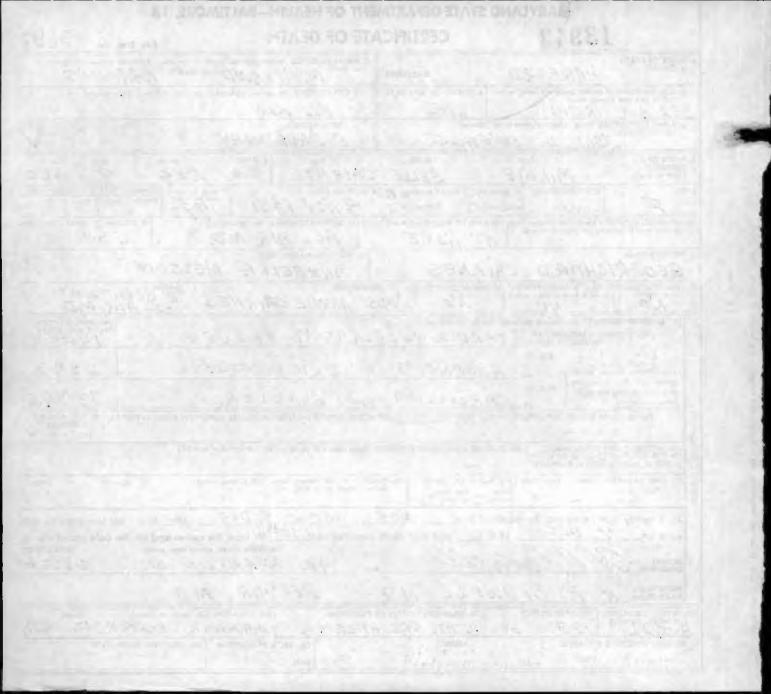
TO HOSPIT/
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hat may be res.

Yes may be res.

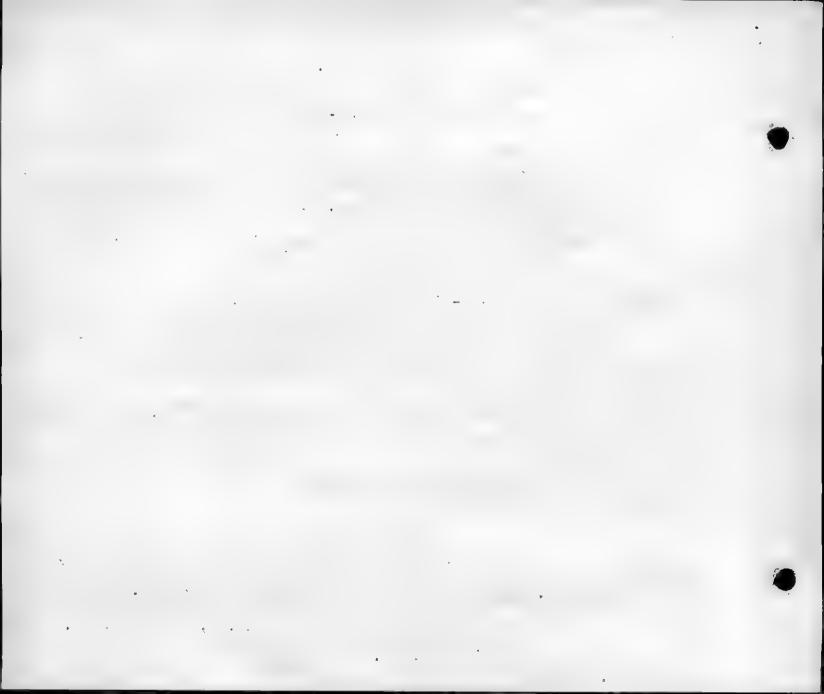
Yes TO FUNEAL WESTOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 shappy. Les deteched for two results bermit Then alense remaye carbon papers. Panel 1.

ar death. Page 4

· funeral director

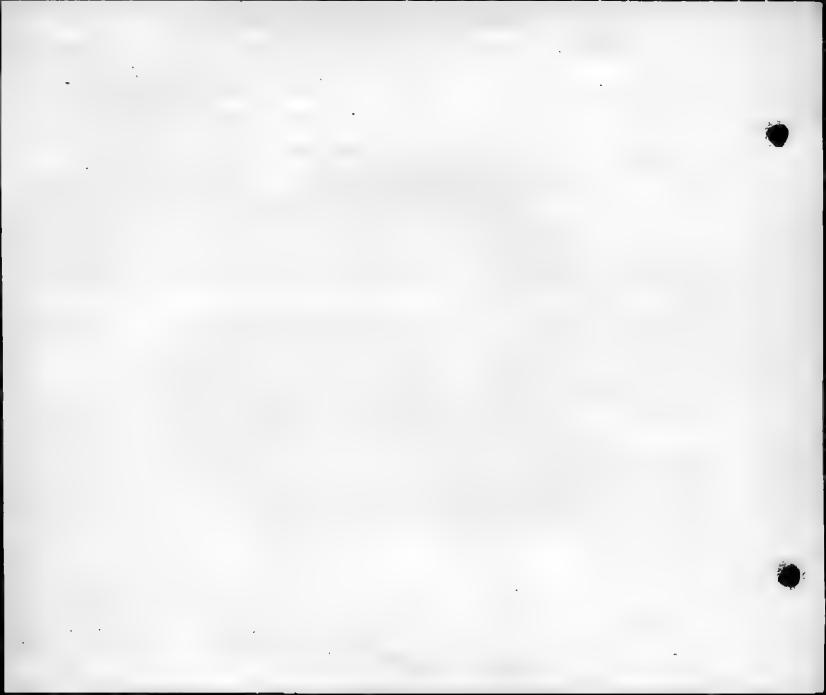


DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY b. COUNTY MARYLAND b CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 16 TOWN (If outside corperate limits, write RURAL and give nearest town) pe RURAL and give negrest town) placals d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM YES NO ond .⊆ NAME OF Month Year DECEASED DEATH ages (Type or print) 196 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED B Months Doys Hours DIVORCED [WIDOWED [Dec. paper 12 CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 during most of working life, even if retired) General labor Laborer (Day puo carbor 13. FATHER'S NAME physicion Annie Yarish Joseph Caponic mave 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 220-03-3316 Hospital Record, Unknown 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY MMEDIATE CAUSE (6) DUE TO Conditions, if ony, which permit (b) gned gave rise to immediate DUE TO cause (a), stating the underlying couse last. hos been si buriot-tronsit 50 SEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB PERFORMED CAT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m. 21 I certify that (1) (this haspital) attended the deceased from .____, 19___, that (1) (we) last and that death occurred at AM, from the causes and an the date stated above saw the deceased alive an ECTOR: 220. SIGNATURE ATTENDING' MED DIRECTOR 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) Habre de Grace, Md. FUNERAL Irvin L. Wachsman 230. BURIAL, CREMATION, 236 DATE THEREOF 23d. LOCATION (City, fown, or county) 23c NAME OF CEMETERY OR CREMATORY (Stote) page the Sta REMOVAL (Specify) RD. 2. Aberdeen. Md. the Bakers Cemetery Eur ial 0 24. FUNERAL DIRECTOR'S SIGNATURE Tarring ATUMeral Home 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE DATE DEC 1 5 '60 Aberdeen. Md. VR A15 (4) 15M 9/59 John G. Tarring



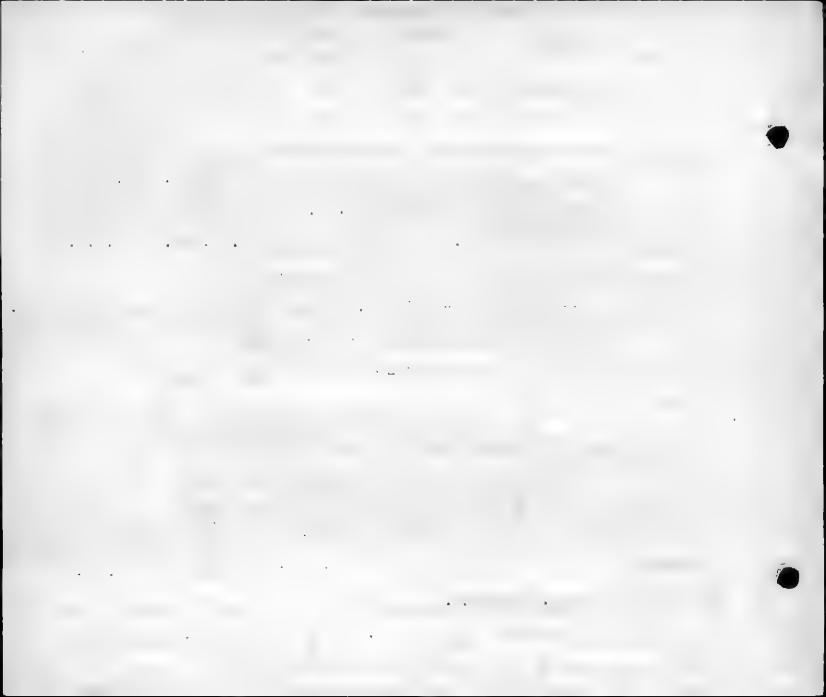
DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1: MARYLAND 13928 directo PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution- Residence before admission o. COUNTY o STATE b. COUNTY MARYLAND ero b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) 9 RURAL and give nearest lown) b Somin NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION YES NO 4. DATE OF DEATH Day Year DECEASED (Type or print) 19 6 5 SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 13. FATHER'S NAME physicion SARAH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT Address ottending INTERVAL BETWEEN 1B. CAUSE OF DEATH | Enter only one couse per line for (a), (b) and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (c **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS OF ARTHUR AND PART HAVE AUTOPS 206 ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port I) of item 18.) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg-, etc. While Nal white at work at work 21 I certify that (1) (this hospital) attended the deceased frame. 0_74, 19_00 that (I) (we) last FM, from the causes and an the date stated above saw the deceased alive an 49700 and that death accurred at 5 22a S GNATURE 226 DATE DIRECTO SIGNED ATTENDING PHYS. MED DIRECTOR STAFF M.D 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) FUNERAL poge the St 0 ISM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 3944 Rea. Dist. No. filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY **b. COUNTY** MARYLAND Harford Marvland Harford b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest lown) Pin Forest Hill Rural Rural Forest Hill d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO DE Putnam Road Ξ. NAME OF Middle 4. DATE Lost Month Day Year DECEASED (Type or print) HENRY CLAY DEATH CROUSE 1960 Dec. 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH lost birthday) Months Days Hours WIDOWED | White DIVORCED | Male popers, 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote ar foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Farm owner retired Mc Dowell Co. W. Va. U.S.A. Gen. Farm carbon after 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician John Crouse Mary Asbury mave WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Nο 224-22-3174 Mrs. Willie Lou Crouse Forest Hill Md. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH ā. PART 1. DEATH WAS CAUSED BY: Hypostatic pneumonia, terminating IMMEDIATE CAUSE (o) **DUE TO** been signed by I-transit permit. ral, and in any e Conditions, if ony, which Chronic cardio-vascular disease gove rise to immediate DUE TO couse (o), stoling the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO III 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port 1! of item 18.) 20c. TIME OF INJURY Month, Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f (City or town) (County) (Stole) factory, street, office bldg., etc.) Hoor a. n. While Not while et work at work 21. I certify that I attended the deceased from October 10 , 1958 , to December 9 , 19 60, that I last saw the deceased , and that death occurred at 9:15 DM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) M.D. Forest Hill, Maryland SIGNATURE PHYSICIAN'S Willard P. NAME (Type) dson W D භ 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) eBod (Stote) REMOVAL (Specify) Bur is l 960 Bel Air Mem. Gardens 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Chithur S. Flores 15M 9/55

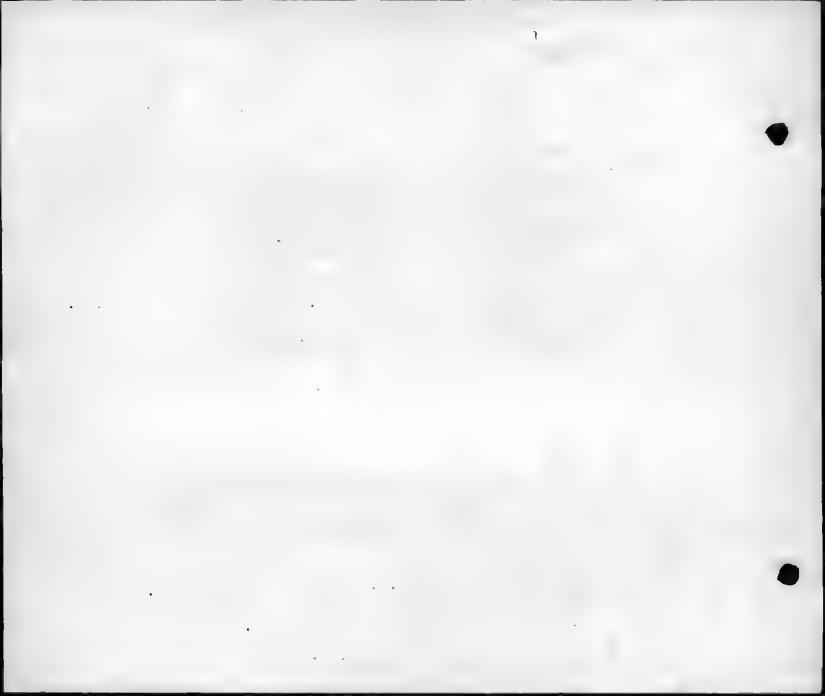
hours after



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1. PLACE OF DEATH O. COUNTY ARYLAND D. COUNTY ARYLAND D. COUNTY D. COUNT	7
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest	м) ,
RURAL and give nearest town) HAUF GRAE 2 DAYS A STREET ADDRESS OR INSTITUTION HAUF GRAE ALST DORD OR INSTITUTION A STREET ADDRESS OF DORD O	*
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Telegrant Operator B& O Reil Ra DELAWARE U.S.A.	74441
	DUNTRY
13. FATHER'S NAME	
FRAZIER DICKERSUN OFFACH KILIS	
15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes. ng. ger. unknown) (If yes., give wor or dates of service) (70.5	
705-07-9909 frene 5. Dickerson, Perryville, Md. R	
IB. CAUSE OF DEATH [Enter only one couse per line for [o], (b), and (c)]	WEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 3 day	э—
DUE TO C. A. D. C. A. D	
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couse (o), storing the under DUE TO	
lying couse lost. (c) Julie Miles	
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YES []	NO X
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFORMANCE OF THE PART 1 OF	
20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 of work	(State
Hour o. m. 19 of work	
21. I certify that (I) (this haspital) attended the deceased from 2/29/66, 19, to 13/34/60, 1960, that (I) (v	ve) las
saw the deceased alive an	abave
220 SIGNATURE 1 / 1 / 22b	DATE
Chu L. Walloman MD ATTENDING MED DIRECTOR DIRECT	310112
22c PHYS CIAN'S NAME (Type) Irvin Wachsman, M.D. Havre De Grace, Md	
Havre De Grace, Md.	
230 BUR AND CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, or county) (Stole)
The Total New Political Liespy cellibri. New Political	
PA. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	
Lella Catterron Grows, Perryville, Md. DATE AN 3 61 City & thous	



MEDICAL EXAMINER'S CERTIFICATE OF DEATH If any delay is necessary, please exe-he funeral director. Page 4 shauld be to burial, cremation,) PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 havrs after death. If any detay is recute the contact, writing the word "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral direction worded he chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your file TO FUNERAL DIRECTOR; Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar pro-VS. A15ME(5)

5M 9/55

Reg. Dist. No.

	O. COUNTY Harry MARYLAND	O. STATE MA 6. COUNTY for	Hard
	b. CITY OR TOWN (It outside corporate famile, writenBURAL ond give necrosal samples	c. CITY OR TOWN (If autside corporate limits, write RURAL and	give neorest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	distreet ADDRESS Y Catherne	S residence ON A FARM? YES NO D
	3. NAME OF DECEASED (Type or print) Richard P. A. Diec	Remann 4. DATE Documen 1	Day Year 3 19 Gy
	6. COLOR OR RACE 7- MARRIED NEVER MARRIED B WIDOWED DIVORCED B		YEAR IF UNDER 24 HRS.
24	100. USUAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUST during most of working life, even if retiredy of INSURGNESS OR INDUST IN SURGNESS OR INDUST IN SURGNESS OR INDUST	RY II. BIRTHPLACE/(State or foreign country) 12. CITIZ WARNERS, N. J. 14. MOTHER'S MAIDEN NAME	EN OF WHAT COUNTRY
	TEORGE PRINCE KMGNA 15. WAS DECEASED EVER IN U. S. ARNED FORCES? 16. SOCIAL SECURITY NO. 17. III (10. no. of griffnom) [If you, grap you or distinct of Service)	Mata Marx	
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	364 CatherineSt B. JAIRA	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	occlusion	ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (ED.)	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 19 WAS AUTOPSY PERFORMED? YES NO
		nter nature of Injury in Part t or Part II of item 18.)	
	Hour a.m. While No! while facts at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, affice bldg., etc.)	ly) (Slote)
	21. I certify that I took charge of the remains described about death resulted fram: Natural causes , Accident , Suice	ve, held an Autopsy 🔲, Inspection 📶, Inquiry cide 🔲, Homicide 🔲, Undetermined cause 🗍.	, and find that
	SIGNATURE Duraly & Palmer	M.D. CHIEF MEDICAL EXAMINER BEST IN MA	DATE SIGNED
	EXAMINER'S Gerald Claime	DEPUTY MEDICAL EXAMINER TO	-79.60
Ŀ	BURIA Specify Dec/7/60 Wistman Co	crematory 22d. LOCATION (City, town, or county) Whetery Atlanta, Ga	(Stole)
	South Noster Belaw Me	DATE DEC 1 6 '60 Called 8	Kara Kara
- (•	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



13930 **CERTIFICATE OF DEATH** director, iled with PLACE OF DEATH 2 USUAL RESIDENCE (Where decreased lived. If institution Residence before admission) b. COUNTY death. CITY OR OWN (if outside corporate limits, write LENGTH OF STAY IN 16 c. CITY OR JOWN (If autside corporate limits, write RURAL and give nearest town) RUNAL and give negrest town) NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS NAME OF First Middle 4. DATE DECEASED OF DEATH (Type or print) 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH DIVORCED [WIDOWED 1 100. USUAL OCCUPATION (Give kind at work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even at retired) touce 13. FATHER'S NAME 14 MOTTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Addres 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse fost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year foctory, street, office bldg., etc.) Hour o. m. Not while of work of work p. m. 1960 that I last saw the deceased 21. I certify that I oftended the deceased from... , and that death accurred at 5.3 a P.M. from the causes and on the date stated above. CTOR: ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) 220 BURIAD CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY, OR CREMATORY poge KEMOVAL (Specify) 0 **FUNERAL DIRECTOR'S SIGNATURE** 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Rea, Dist. No.

Months

Dovs

(County)

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

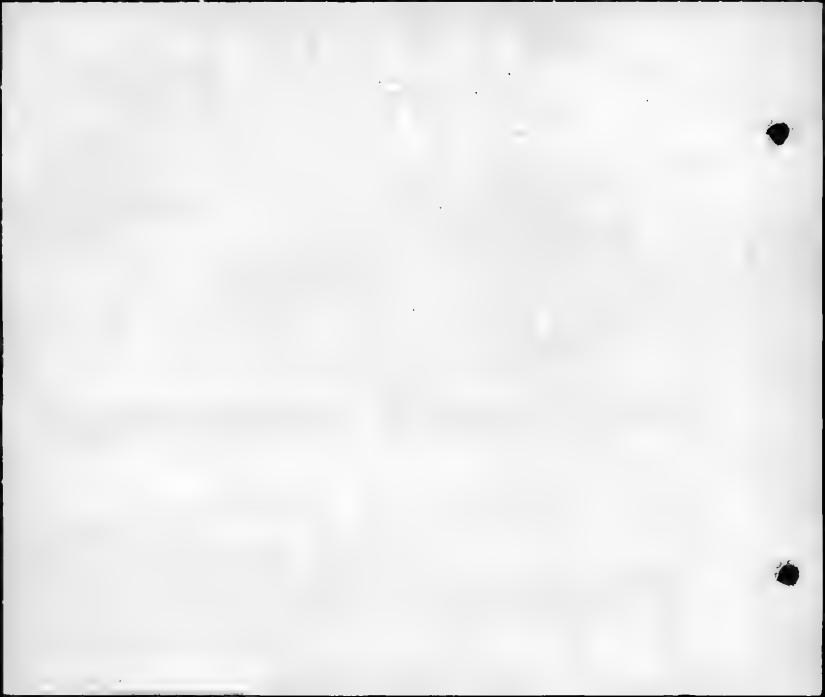
> > (Stole)

(Stole)

e. IS RESIDENCE ON A FARM? YES NO Z

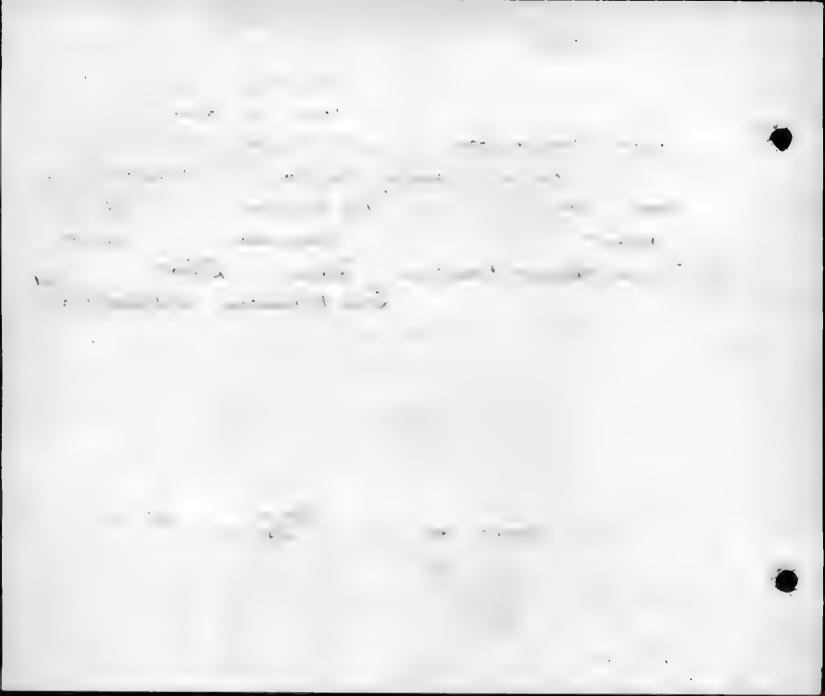
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND



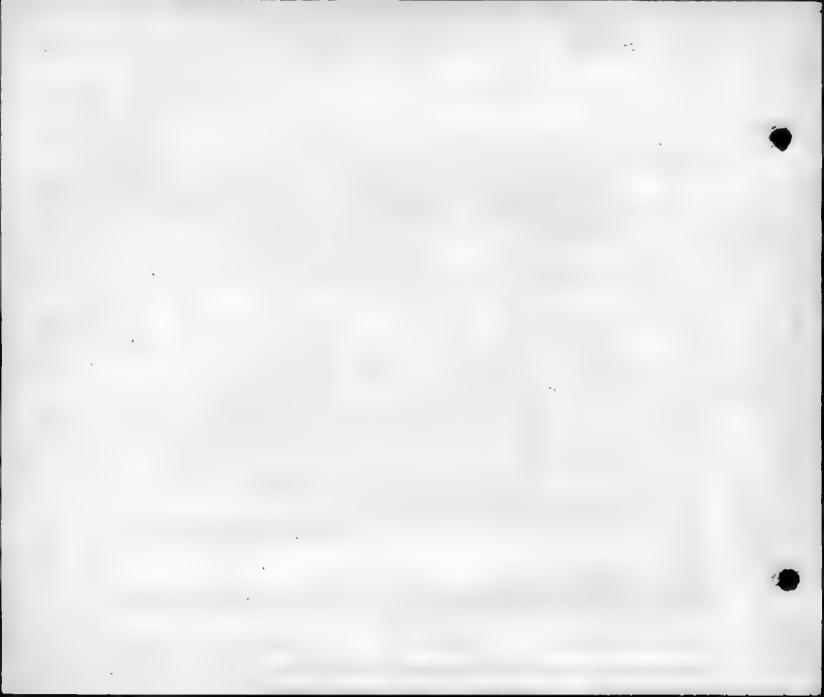
	MARYL	AND STATE	DEPARTMENT	OF HEALTH
	DIVISION OF STATI	STICAL RESEARCH	AND RECORDS — B	ALTIMORE 1, MARYLAND
-1	2099	CERTIFICA	TE OF DEA	TH

	13933 CERTIFICATE OF DEATH	13006
1	1. PLACE OF DEATH o. COUNTY Harfa & MARYLAND 2. USUAL RESIDENCE (Where de a. STATE Maryland)	b COUNTY Aufod
2	HAVREDEGRACE 10 DAYS 24 Houre	carporate limits, write RURAL and ale nearest town)
	d. NAME OF HOSPITA. (If not in hospital, give street address) OR INSTITUTION Auford Manarial 108	arkeway AVE ON A FARM? YES NOTE
3	DECEASED	DATE Month Day Year SEATH & CC \$ 1960
5	S SEX 6. COLOR OR RACE 7. MARRIED & NEVER MARRIED B. DATE OF BIRTH / Male white widowed DIVORCED 10/1/93	9. AGE (In years last birthday) 6. 7 yrs Manths Days Haurs Min
11	100 USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or for during most of working life, even if relired) Lettrans administration FAID.	eign country) 12. CITIZEN OF WHAT COUNTRY?
1:	13. FATHER'S NAME Slarge X. Kenneder Ss. Lilian	malone
	15 WAS DECEASED EVER IN \$ 5. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (YES, no, or unknown) (If yes, give wor or dates of new co) Lierlo WART 212-30-6275 /// MARGARET E	Address / US PARR WAY AVE
	Canditions, if any, which gave rise to immediate cause (a), stoting the under- lying cause last	aud 11 days
140000	PART II OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DESCRIBE HOW INJURY OCCURRED LEnter nature of injury in Port I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OISEASE COND TION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO OF Part II of item 18)
	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year And Year Course While Nat while factory, street, office bidg., etc.) The p.m. 19 at work at work can work cause the course of	
77.44	21 I certify that (I) (this haspital) attended the deceased from Oct /2 . 1957	from the causes and an the date stated above
ll s	Attending De MED DIRECTO 22c. PHYSICIAN'S NAME (Type) De Calley Phillips M.D. ATS 11	Naton, Ind
L	BLRIAL 12-11-1960 ANGEL HILL CEM HA	LOCATION (City town, or county) (State) LYPE DE GRACE REGISTRAR 256 REGISTRAR'S SIGNATURE
1	250. REC'D BY ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE DATE	



13945 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY HARFOR MARYLAND b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside corporate limits, write With and give nearest town) Š RURAL and give nearest town) 70 BALTIMORE DPDA d. NAME OF MOSPITAL (If not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? OR INSTITUTION 5400 BELLAVISTA Box 36G YES NO M DOUDTAIN Middle 4. DATE Yanı DECEASED EONA (Type or print) DECEMBER DEATH 2 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 MRS Months WIDOWED [7] 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) STENORRAPHER RGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELIZABETH SARA UOCK physicio remave IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET, AND DEATH 4 PART I. DEATH WAS CAUSED BY: NOXLA IMMEDIATE CAUSE (o) **DUE TO** ARCINOMA RT. BREAST Conditions, if any, which gove rise to immediate cause (a), stating the under-LUNGS, LIVER, STOMACH WITH METASTASES lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 🔲 NOV 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) 0. 71. While Nat while of work of work p. m. 1953, to DEC 22 1960, that I last saw the deceased 21. I certify that I attended the deceased from SEPT _, and that death accurred at 12:00 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Quecuit 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & House

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



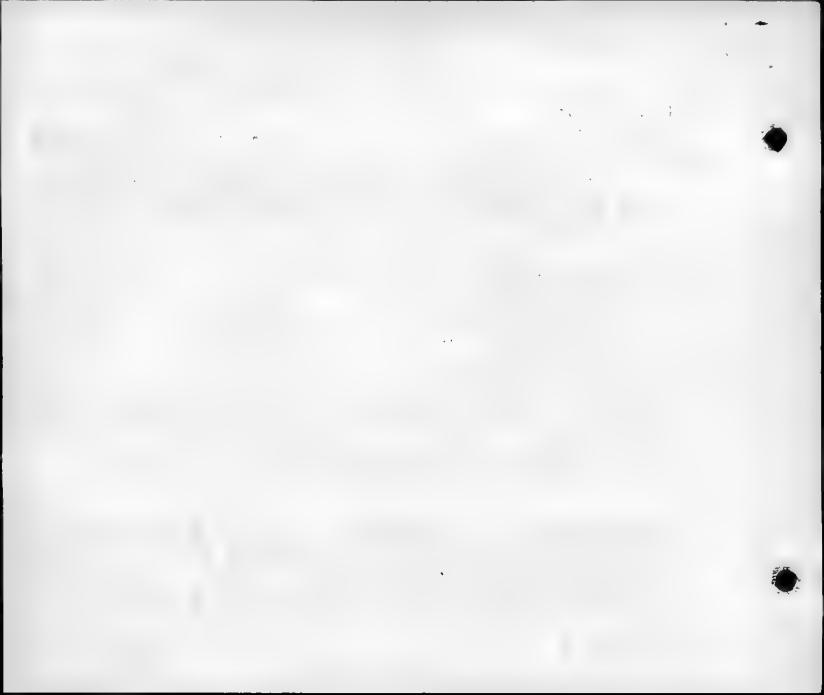
1000		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND				
		-14592 CERTIFICATE OF DEATH				
Page A with	1	PLACE OF DEATH O. COUNTY MARYLAND MARYLAND D. COUNTY D. COUNT				
# 5 8 XI)-	b CITY OR TOWN (If outside corporate limits, write c, LENGTH OF STAY, IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)				
fund h		Have a Suce 54day - Aperder				
b b and 2 sho	==	d NAME OF HOSPITAL (If not in hospita, give street address) OR NSTITUTION DAYFOR MEMORIAL HOSP, J.				
filled in ges 1 or sath.	3.	NAMÉ OF DECEASED (Type or print) Charles A Kirby Death December 1 1960				
pletely press. Pag offer de		MATE WIDOWED DIVORCED April 26, 1877 See (n years of Funder 14 Hrs.) April 26, 1877 See (n years) IF UNDER 14 FAR IF UNDER 24 Hrs. April 26, 1877 See (n years) IF UNDER 14 FAR IF UNDER 24 Hrs. Months Days Hours Min				
id cam n pape haurs	10	On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Maryland 12 CITIZEN OF WHAT COUNTRY? U.S.A.				
e be	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME				
Ticate I) <u> </u>	Thomas E. Kirby Mary Dugan				
15 WAS DECEASED EVER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO Wilton Kirby, 519 Richwood Ave Wilton Kirby, Baltimore 12,						
deat ittend pleo n any		18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).] PART I DEATH WAS CAUSED BY ONSET AND DEATH				
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s that l by l nit.		Conditions if ony, which) to Centlem athenselens				
an. n signec sit pern		gove rise to immediate cause (a), staling the under-lying cause last. DUE TO				
physici physici sos beer ial-tran	NOTAC	PAN II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO DECEMBER 100				
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					ING aspite feer t d for priar	21. I certify that (I) (this haspital) attended the deceased from CCI (1) 1960 to Alice (1) 1960, that (I) (we) In
FEND he by R: A rache		sow the deceased alive on 1960, and that death occurred at 12M, from the causes and an the date stated above				
ATT by t RECTO be del		220 SIGNATURE 3. J. Plunkowy W. m. D. ATTENDING MED. STAFF SIGNED 226 DATE SIGNED				
ref.	/	B.J. Plunkett Jr. M.D. 617 W. Bel Air Ave. Aberdeen, Md.				
D HOSPI moy be poge 3 s the State	23	Bur al Cremation, 23b Date thereof REMOVAL (Specify) 23c Name of Cemetery or Crematory Hurial 12/5/60 Mt. Erin Cemetery Havre de Grace, Md.				
5 5 5 5	2.	FUNERAL DIRECTOR'S SIGNATURE TATTING ADMINORAL HOME 250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE				
VR A15 (4) 15M 9/59	1	fahn & James Aberdeen, Md. DATDEC 7 '60				
*	2	John G. Tarriog				



DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH with directar 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH filed · COUNTY **b** COUNTY MARYLAND aral CITY OR TOWN (if outside corporate limits, write CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 PURAL and give negrest towns 0 00 (OPACA d NAME OF HOSPITAL (If not in haspital, give street address)

OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO DE puo Ξ. NAME OF Middle 4. DATE Month Last Day Year DECEASED Filled decth (Type or print) DEATH 196C ages ALSON Vecem IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years lost birthdoy) MARRIED NEVER MARRIED campletely Months Doys Hours DIVORCED [10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during most of working life jeven if retired) 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (Stole or foreign country) DUNG and stouse un 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME requires that the death certificate physici remove 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending 0 pleose Sup, 1B CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 드 du IMMEDIATE CAUSE (a) the pup **DUE TO** ģ remaval, Conditions, if ony, which permit has been signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY crematian, PERFORMED? YES NO T 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) certificate He 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c TIME OF INJURY Doy, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Hour o. m. While Not while After this at work at work detached far 11-- 4 21. I certify that (I) (this haspital) attended the deceased from.__ 19.Ω.L_, that (I) (we) lost and that death occurred of AM, from the couses and on the date stated above. sow the deceased alive on FUNERAL GIRECTOR: Heal 22a SIGNATURE 226 DATE þ ATTENDING SIGNED STAFF þe M.D DIRECTOR [22c PHYSICIAN'S 22d. ADDRESS 3 should NAME (Type) Mary page 3 st the State 23kg DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BUR AL CREMATION LQCATION (C'ty, lown, or county) (State MOVAL (Spec 19 OCU MULLEVE o 256 REGISTRAR'S SIGNATURE REC'D B REGISTRAR arthur S. Kraves **VR A1S (4)** 15M 9/59

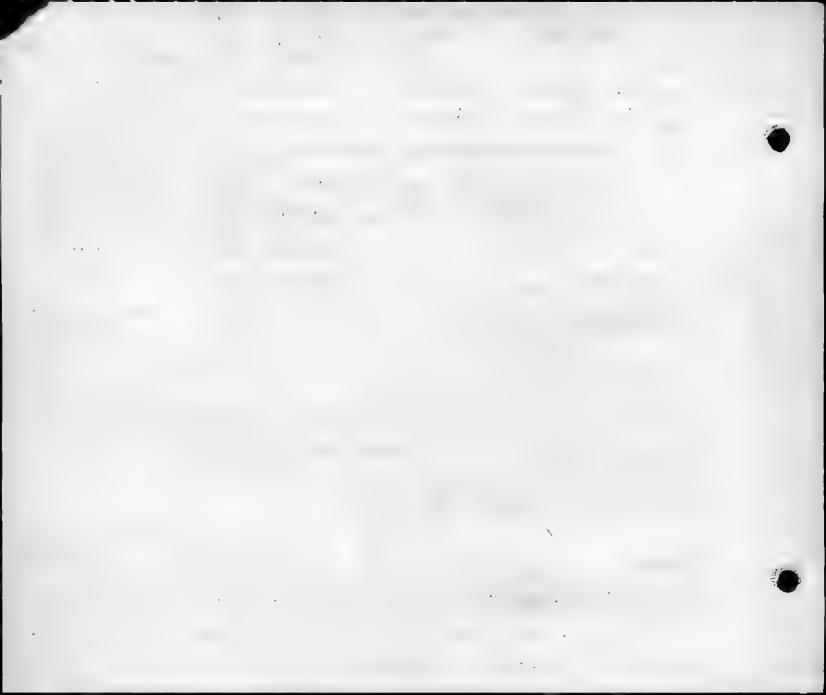
MARYLAND STATE DEPARTMENT OF HEALTH



ithin 24 haurs after death. Page	ly filled in	roges I and F lauld be filled with
. TO HOSPITAL SR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page	may be refulled by the haspital or attending physician. TO FUNERAL PIRECTOR: After this certificate Imm Been signed by the attending physician and campletely filled in the funeral director.	page 3 statuta be described for use as the burial-stands permit, then please remare carbon papers. Tages I and I aula be tiled with the registrar prior to burial, cremation, ar remaral, and in any event within 72 paymenables death.
TO HOSPITAL S	may be ret	the registrar pri

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	-d #2 #2		.AND	STATE DE	PARTA	AENT OF H	IEALTH	I—BAL	TIMORE,	18					
	139	46		CER	TIFIC	ATE OF I	DEATH	1		Reg. C	Dist. No.	. 7	391		
)	1. PLACE OF DEATH o. COUNTY	M	ARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o STATE Maryland b. COUNTY Harford											
,	b. CITY OR TOWN (If outside RURAL and give nearest tow	c. LENGTH OF S	TAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						n)				
	Abingdon			Lifeti	me	Abingdon									
	d. NAME OF HOSPITAL (If no OR INSTITUTION	oddress)		d STREET	ADDRESS						SIDENCE A FARM?				
	3. NAME OF Pirst DECEASED			Middle		le	Lest 4. DATE		Month		Do	у	Yeor		
	(Type or print)	Carrie		В		Lingham		OF DEATH	Sur Sur	ec.	2		19 6		
	S. SEX 6. COL	OR OR RACE	7. MARI	HED NEVER MA	ARRIED	B. DATE OF BIRT	н		9. AGE (In years lost birthdoy) 82 yrs	IF UNDE			ER 24 HRS		
		ored_	WIDOWI		RCED 🗍	Feb.l	, – ,			months	Days	Hours	Mn		
	10a USUAL OCCUPATION (Give during most of working life,	KIND OF BUSINES	ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or F				country)	12. C	ITIZEN O	F WHAT	COUNTR				
	None			Non	None Maryland			nđ			u.s.	۸			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM							مارنمالك	-22.0-					
1	Henry Morgan Charlotte Peaker														
1	15. WAS DECEASED EVER IN U. S	. ARMED FOR	CES? 16.	SOCIAL SECURITY	NO. 17	INFORMANT		7.00		iress					
	no	wor or dates of s	ervice)	none		Maude T	nomas		Δ	hing	don .	la rv	land		
	1B. CAUSE OF DEATH [Ent	Maude Thomas Abingdon, Maryland													
	PART I. DEATH WAS CAUSED BY: 7/						ONSET AND DEATH								
	IMMEDIATE CAUSE (o) Cremiq														
	[Conditions, if only, which] to Arteriosclerotic Heart disease														
	gove rise to immediate														
	couse (a), stating the <u>under</u> lying couse lost.	nal Ins	- 1 f f	3											
		, ()													
	PART 11. OTHER SIGN 200 ACCIDENT WAS UNDER OR CONTRIBUTING [] CAUS (If EITHER, NOTIFY MEDICAL		11157111000110011	Z TOTE VERNON	THE BIGGING	E COMBINOR OF	7214 114 17	-K1 1(0)	PERFO	RMED?					
	20g ACCIDENT WAS UNDER	IVING [7]	20b DESC	CRIBE HOW INJUR	Y OCCUPE	ED (Enter noture o	d injury in F	Port Lor Por	a II of them 18 1			TES []	NO 🗌		
	200 ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	E OF DEATH		LAIDE 11011 1110A	OCCORR	LD. (Line noise)	n supery m	011101101	THE OF HEM TO.						
			× 1204 II	MILIBY OCCUPPED	120a P	TACE OF INJURY	Mana fara	201 (6:5			100		40		
	Hour o. m. While Not while foctory, street, office bldg., etc.)									(County)		(Stote)			
				k of work											
	21. I certify that I attended the deceased fram June 20, 1960, to Dec. 1, 1960, that I last saw the deceas														
	alive on Dec., 19 60, and that death accurred at 8:00 A.M. from the causes and an the date stated above														
	ADDRESS (Street, city or town, stote) DATE SIGN														
	SIGNATURE Teorge J. Plansbury M.D. 12/5/0														
	PHYSICIAN'S														
	NAME (Type) George	T. St	ansbu	ıry		<u>569 R</u>	evolut	tion S	St., Havr	e de	Grad	e,M	d.,		
	220. BURIAL CREMATION, 22b. REMOVAL (Specify)	22c. NAME OF C	EMETERY (OR CREMATORY	CREMATORY 22d. LOCATIO			N (City, town, or county) (Stote)							
	Burial De	John We			Ab			ingdon, Harford,			Maryland.				
	23. FUVIERAL DIRECTOR'S SIGNATURE			ADDRESS Abi	nadon	wa	240. REC'D BY REGIS								
	Howard K We	terno	2/1	AOL	nguon	, ma.,	DAREC	7 '60		1 1 8.	Frank				
			//												



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY p. STATE **b.** COUNTY MARYLAND erol pe CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits_write RURAL and give negrest town) RURAL and give pearest towell fond 134 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION pup . ⊆ NAME OF Middle 4. DATE Filled DECEASED OF within 24 Poges death. (Type or print) DEATH CO S SEX COLOR OR/RACE B. DATÉ 9. AGE (In years MARRIED TO NEVER MARRIED last birthday) The USLAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY

School of Working life, even if relired) hours after comple NU. yrs papers. wind MAINTAINANCE and pou 2 13 EATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 50 = 1E гетаче WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT ding · - 7 10 770 edse 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ъ. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 10 permit. Conditions, if ony, which (6) gove rise to immediate **DUE TO** couse (o), stoting the underas the burial-transit lying couse lost. attending physician (c) peell PAIT 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 hos ATTENDING PHYSICIAN: The by the haspital or attending pl 200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18) After this certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) buriol, MEDICAL 20c TIME OF INJURY Month. Doy, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) 250 factory, street, office bldg., etc.) Hour a.m. While Not while p. m. of work of work 21 I certify that (I) (this haspital) attended the deceased from a detached sow the deceased alive on and that death occurred at 2 0 DIRECTOR: 22o. SIGNATURE

ATTENDING

22d. ADDRESS

EM

DATE

M.D PHYS

23c NAME OF CEMETERY, OR CREMATORS

MED

e. IS RESIDENCE ON A FARM? YES NO Month Day Year 196-6 COMBER IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours 12 CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO (County) (Stole) . Uhat (1) (we) lost M, from the couses and on the date stoted obove. 22b, DATE SIGNED DIRECTOR | PHYS .OCATION (City town, or county) (Stote) 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR DEC 2 0 '60

page 3 sh the State 0 VR A1S (4) 15M 9/59

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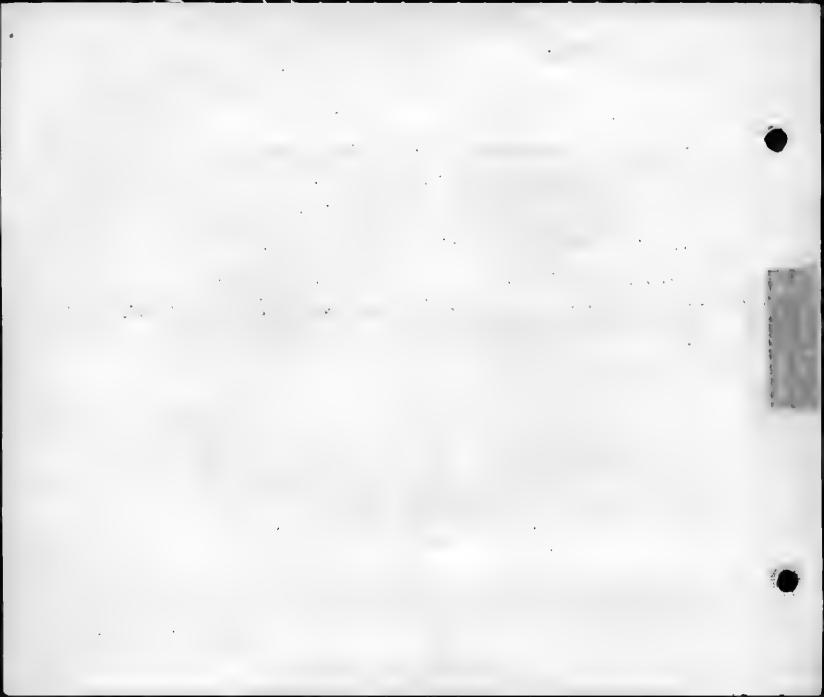
22c PHYSICIAN

NAME (Type)

REMOVAL (Specify)

BURIAL

23a BURIAL CREMATION, 23b DATE THEREOF



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	T0941		CERTIF	ICA	TE OF DEA	TH				. 4	RRI	2
1. PLACE OF DEATH a. COUNTY	Harford		MARYL	LAND	2. USUAL RESIDENCE G. STATE Maryla	E (Where dece Ind		If institution.	The sale	nce befo		on)
b CITY OR TOW RURAL and giv Aberdeen	N (If autside corporate limit nearest town) Preving Great		2 hours	IN 16	Edgewe		rparate lim	write Ri	JRAL and	give ned	arest town)
d. NAME OF HO OR INSTITUTION US ATTENT H		ive street ac	kdress)		d STREET ADDRE		et					IDENCE FARM? NO.
3 NAME OF DECEASED (Type or print)	MARYANN		M ddie RENATE		LOVETT	4. DA' OF DEA		Man Decem l	per	17	,	Year 19 60
s. sex Female	6. COLOR OR RACE White	WIDOWED				9,1954	last	(In years birthday) yrs.	Manths	Days	Hours	Min
None	AT ON (Give kind of work of working life, even if retired)	dane 10b Ki	IND OF BUSINESS OF	R INDUS	German	TA.	In country)		3.5	211 .	ern.	OUNTRY
	c. LOVETT				LUISE F				ir-			
15 WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FOR (If yes, give war or dates of s		None		s Luise Le			ckwê¶				
Canditions, gave rise to cause (a), stat lying cause to	my me onder	Burn:	s, Second of bedy, in	and ncl	Third degrading face	ee, co	verin	g appr	rex.		3 he	RMED?
PART II. 20g. ACCIDENT OR CONTRIBUT (IF EITHER, NOT												
11;15 5	m Dec 17 196	O of work	Not while of work	Hen		Ed Ed	gewoo		arfer		Md	(State)
21. I certify saw the dec 22a SIGNATUR	that (1) (this hospital eased alive an 17) attende Dec	d the deceased 1	that d	eath occurred of	MED	om the c		d on th	e dote	stoted 22	we) last l obove. b DATE SIGNIE
27c. PHYSICIAN NAME (Typ	SAMUEL J. AB	RAMS,	Captain,			S Army	Wesp ving	ital Ground	d, Me	i.		7 0
230 BURIAL CREMA REMOVAL (500) DLLYCA 24 STINERAL DIRECT	Teg 23	clia	ADDRESS	LLA)	al Cerles	REC'D BY RE	dae	25b REGIS	ZU	IGNATU		0.

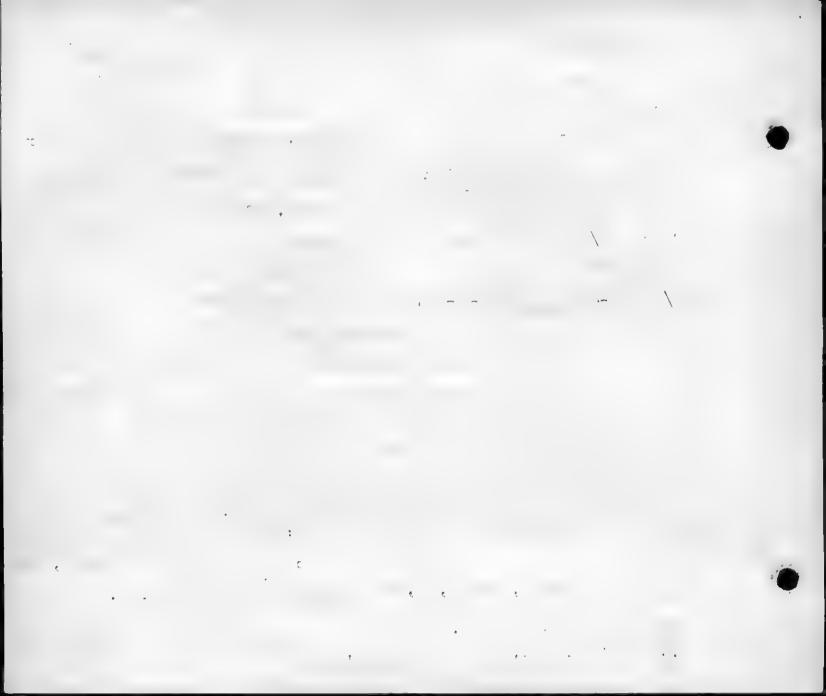


MARYLAND STATE DEPARTMENT OF HEALTH

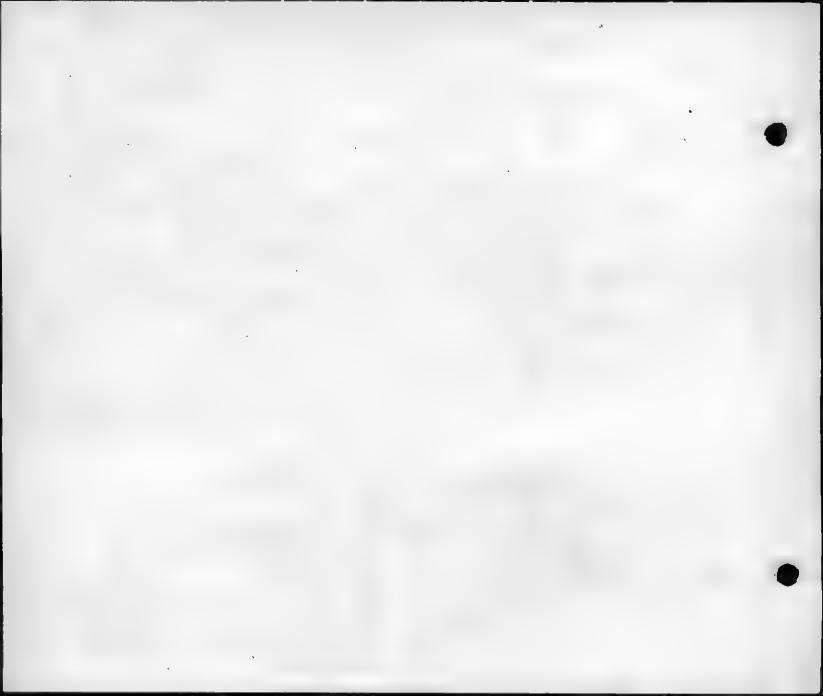
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

13	948		CERTIFIC	ATE	OF DEATH	1		41	201/	2
1. PLACE OF DEATH a. COUNTY	rferd		MARYLAN		USUAL RESIDENCE (V		d lived. If instituti b. COUNTY			nissian)
RURAL and give no	f autside carporate limi arest town) roving Gre		3 hours		c. CITY OR TOWN (IF	autside corpo	orate limils, write R	URAL ond gi	ve negrest t	awn)
US Army Ho	AL (If not in hospital, gospital	give street add	ress)	,	d STREET ADDRESS 286 Paradi	se Res	ıd		10	RESIDENCE N A FARM?
3 NAME OF DECEASED (Type or print)	FRANK		Middle Wilfred	М	ALONE	4. DATE OF DEATH	Decembe	r	18	Year 19 60
s sex Male	6. COLOR OR RACE White	WIDOWED		Se	ptember 6,		9. AGE (In years last birthday)	Months E	Days Hau	
Soldier	ON (Give kind of work king hie, even if retired (M/Sgt)	done 106 KIN	ATMY		Minneseta	1	country)		USA	AT COUNTRY?
John Male					Mother's Maiden Minnie Be					
Jan 47	R IN U. S. ARMED FOR If ye are was prosen of a The Prosen TH (Enter only one co	468	-07 - 8407	7. INFOR	cial US Ar	my Kec	erds	F (# 35	INTERVAL	BETWEEN
Canditions, if a gave rise to i	PART J. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate Due to DUE TO DUE TO Myocardial Infarction DUE TO								h hours	
cause (a), stating lying cause last. PART II. OTH	the <u>under-</u>	.)	Arterioscl					VEN IN PART	1(a) 19. W.	etermin AS AJTOPSY RFORMED?
OR CONTRIBUTING										
20c TIME OF INJUR Hour o.m. p. m.	20c TIME OF INJURY Manth, Day. Year 20d INJURY OCCURRED YEACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) Hour a. m. 19 of wark of wark of wark									
21 certify that (I) (this haspital) attended the deceased from 2:45A 18 Dec 10 60, to 6:15A 18 Dec 19 60, that (I) (we) lost saw the deceased olive on 18 Dec 19 60, and that death accurred 6:15M, from the causes and on the date stated above 220 SIGNATURE.										
22c. PHYSICIAN'S NAME (Type)	uniel Hamat	Y, Cap	tain, MC, U	M D.	22d. ADDRESS US		HOSPITAL	MD MD	Dec :	18, 196
230 BURIAL, CREMATIC REMOVAL (Specify) REMOVAL	ON, 23b. DATE THEREC	OF 2	Mt. Please	Y OR CR	ABER DE E	23d LOCA	ING GROUNTION (City, lawn, Island,	or county)	(Stote)
Wm . Cook - B1		., 600	ADDRESS O Harford	Road	1, 250 RE	CD BY REGIS	TRAR 256 REG	ISTRAR'S SIG		

TO HOSPITA VR A1S (4) 15M 9/59

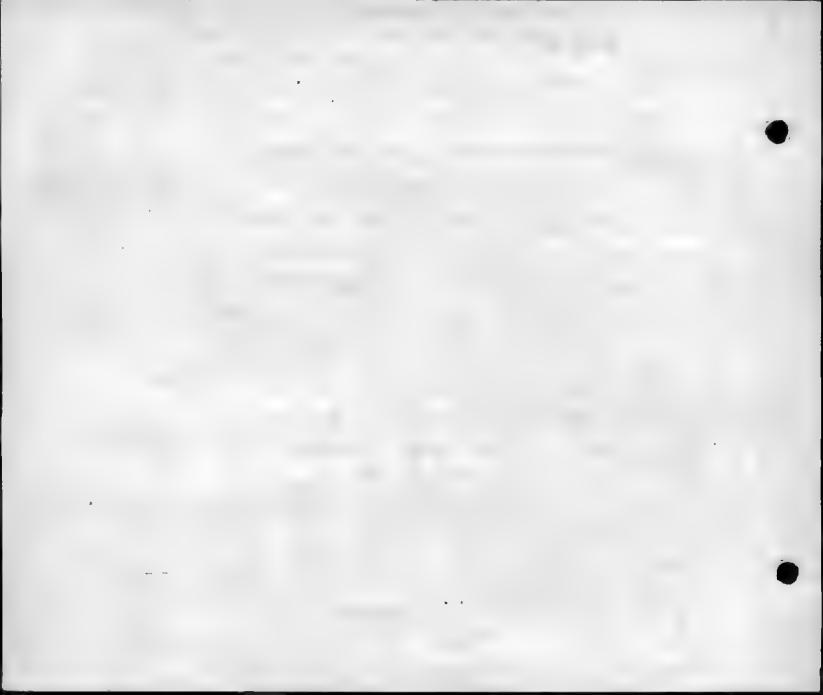


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 13915 13937CERTIFICATE OF DEATH director. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY o STATE P b. COUNTY MARYLAND funerol CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RHRAL and give negrest town) RURAL and give nearest lown) STACE NAME OF HOSPITAL (If not in hospital, give street address e. IS RESIDENCE OR INSTALLT ON ON A FARM YES NO puq _= NAME OF DATE OF Year filled DECEASED Poges death. (Type or print) DEATH 19 cemb 9 AGE (In years last birthdoy) 5 SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED offer Doys Hours DIVORCED WIDOWED | yrs. popers. <u>a</u> 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? hours during most of working life, even if retired} puo pou 2 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion 00 remove WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT ottending eose 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] INTERVAL BETWEEN à PART . DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) **DUE TO** þ te hos been signed by buriol-tronsit permit. Conditions, if ony, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost. physician. PART 1. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY cremotion, PERFORMED? YES NO offending 20g ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18) certificote OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) the 20c TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) ö factory, street, office bldg., etc.) o co Hour o m While Not while ij at work at work ATTENDING I After 10 00 12 19 60 that (1) (we) lost 21 I certify that (I) (this hospital) offended the deceased fram. detoched Land that death accurred at saw the deceased olive on M, from the couses and on the date stated above FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE SIGNED ATTENDING STAFF MED eg PHYS MD DIRECTOR | PHY5 22c PHYSICIAN'S pinous 22d ADDRESS NAME (Type) r/s BURIAL CREMATION 23b DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY City, town of poge the Str (Stole) REMINIVAL (Specify) 0 ADDRESS FUNDRAL DIRECTOR'S SIGNATURE 25a REC 256 REGISTBAR'S SIGNATURE D. Thous VR A15 (4) DATE 15M 9/59 400

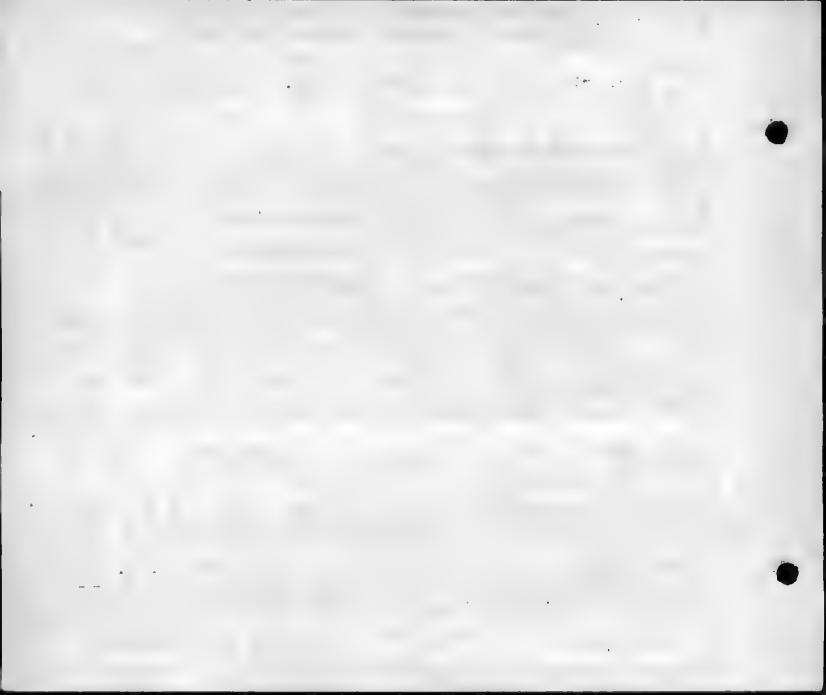


1395 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation, Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Harford MARYLAND Harford beriol, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give negrest town) Street d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, dive street address) STREET ADDRESS e. IS RESIDENCE Tucker Road Tucker Road YES . NO 9 the registror NAME OF Middle DATE 6 Year be retained far your DECEASED (Type or print) DEATH December 19 60 189 5. SEX AARRIED NEVER-MARRIED 1 8. DATE OF BIRTH 9. AGE In years 6. COLOR OR RACE IF UNDER TYEAR IF UNDER 24 HRS. and 3 to the Months WIDOWED. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME moy 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. MRSFJORENCER 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Third degree burns body e along with fa a burial-transit **DUE TO** Canditions, If ony, which gove rise to immediate couse **DUE TO** (o), stoting the underlying cause lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPS'S used as PERFORMED? NO4 0 20g. EXTERNAL CAUSE WAS PRIMARY & or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) Exami 3 should Month, Day, Year 20d. INJURY OCCURRED 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while Street Harford of work of work Mdforwarded The Chief Media 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection . Inquiry . and find that death resulted from: Natural causes [Accident X, Suicide ... Hamicide . Undetermined cause DATE SIGNED CHIEF MEDICAL EXAMINER 12-7-60 ASSISTANT MEDICAL EXAMINER 5.35 **EXAMINER'S** NAME (Type) Gerald C. Palmer M.D. DEPUTY MEDICAL EXAMINER TX 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 1960 (MADRIE) GARDENS FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE W. Brondway + Williams VS. A15ME(5) Thuy S. Mall 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

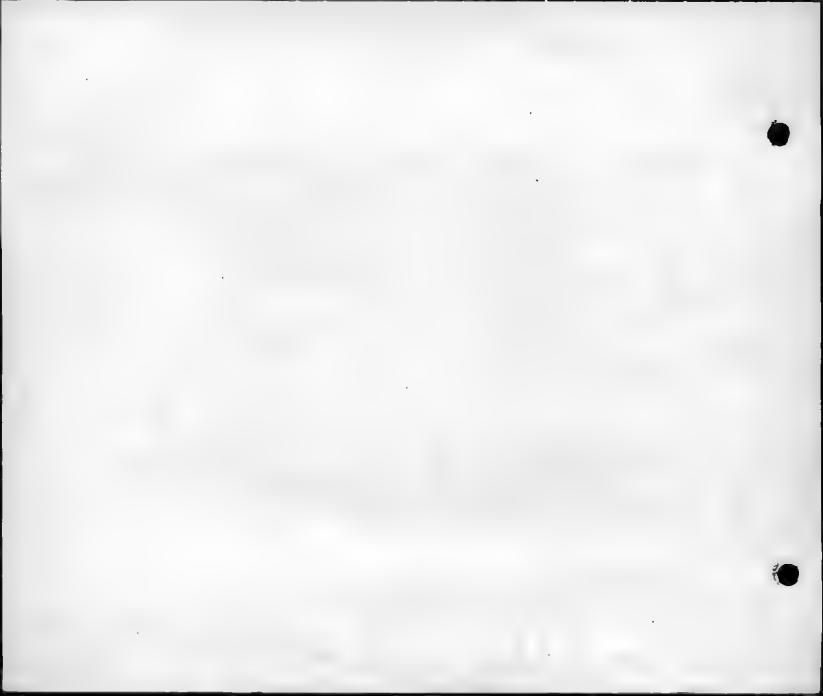


BALTIMORE 1. MARYLAND CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institutions Residence before admission) e. COUNTY s necessary, e. STATE **b.** COUNTY files. Md. Harford Harford Fiv MARYLAND b. CITY OR TOWN (if outside corporate 1 mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Street Street Boar d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) & STREET ADDRESS e. IS RESIDENCE ON A FARM? Tucker Road retained State Tucker Road YES A NO 3. NAME OF 4. DATE M.ddle DECEASED OF ę (Type or part) DEATH 1960 December Mi nni ek 5. SEX 8, DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED [may [est birthdey] Hours IDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages I form PM3. 13. FATHER'S NAME (Yes, go for unkown) (Ifyes give werordates of service) Office along with 18. CAUSE OF DEATH [Enler only one cause per line for (e), (b), end (c). INTERVAL BETWEEN <u>.c</u> ONSET AND DEATH H WAS CAUSED BY. Third degree burns body DEATH WAS CAUSED BY. and DUE TO Conditions, if eny, which (b) gave rise to immediate cause "pending" Examiner's DUE TO (e), stelling the underlying as cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 110) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 NO Chief Med.cal should 2Do. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) burial PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Burned in house fire 20c. TIME OF INJURY 1 2Dd. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 2Df, (City or town) (County) (State) should be forwarded to the Chir fectory, street, office bldg., etc.) Not While U While Md. 19 60 et work et work K Street Harford Prior 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry and in my opinion agenf, Accident X Undetermined manner Natural causes Suicide Homicide Bel Air, Md designated DATE SIGNED DEPUTY MEDICAL EXAMINER IX. EXAMINER'S should! DEPUT NAME (Type) Address (Street, city, town, or county) 220, BURIAL, CREMATION (State) REMOVAL (Specify) 24O PURIA w. Brondway+ williams Sh VS. ATSME Cithur S. Thais





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13938 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission D. COUNTY a. STATE b. COUNTY MARYLAND CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town), 0 GRACE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTRUCTION ON A FARM? YES I NO I ,E 0 NAME OF Middle 4. DATE OF Month Day Year filled DECEASED MINT. eath. (Type or print) 19 ges COMBO 6. COLOR OR PACE IF UNDER 1 YEAR IF UNDER 24 HRS SEX 8 DATE OF BIRTH 9. AGE (In years MARRIED NEVER MARRIED ŏ last birthdoy) Months Days Hours WIDOWED [DIVORCED [yrs popers. dr USUA. OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, eyen if retired) 1. BIRTHPLACE (Stole or foreign country 12. CITIZEN OF WHAT COUNTRY? puo 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAM 0 physici WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT attending pleose requises that the death any CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 6 month IMMEDIATE CAUSE (a the DUE TO á removal, has been signed b Conditions, if any, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying couse last. burial-transit ö or attending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES [NO TO MOSPITAL ATTENDING PHYSICIAN: The moy be reto. by the hospital or attending phy FUNERAL DIRECTOR: After this certificate has 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f, (City or town) (State) Day, Year (County) factory, street, office bldg., etc.) Haur o. m. While Not while at work at work p. m 21. I certify that (I) (this haspital) attended the deceased from June 12 19 60, that (I) (we) last , ta 19 60, and that death accurred at A M, from the causes and an the date stated above. detach saw the deceased alive on I 22d SIGNATURE 22b DATE 6/GNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS pe M.D. 22c PHYSICIAN'S 22d. ADDRESS 3 should NAME (Type poge 3 shather the State E LOCATION (City, town, or county) 23a OF CEMETERY OF CREMATORY 23d BURIAL (Stote) 2 REGISTRAR Onthun & trace VR A1S (4) 15M **Ⅲ/5**9



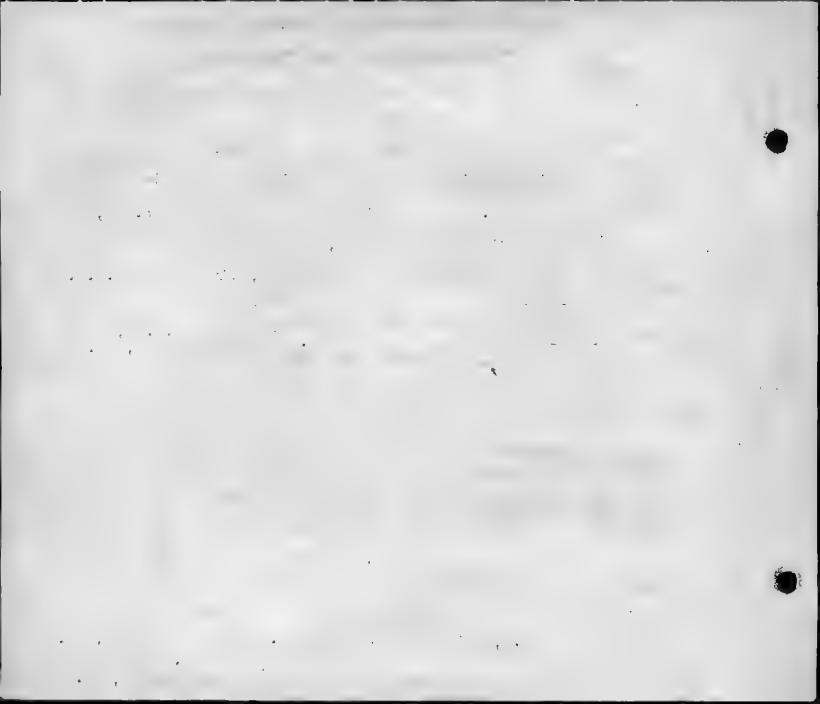
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13953

CERTIFICATE OF DEATH

Reg. Dist. No. - 1021

	Harford		2. OBUAL RESIDENCE	HOME) OF DECEASED					
Λ	COUNTY	karyland Harford							
I	CITY (If outside corporate limits, write RURAL OR end give neerest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give neerest town)						
ì	TOWN Joppa (Rural)	8 months	XiownJoppa (Rural(
ı	HOSPITAL OR INSTITUTION OR		STREET	(Il rural give locetion)					
	STREET ADDRESS Old Philadelphi	a Road	ADDRESS Old Philadelphia Road						
	3. NAME OF (First) (N	(iddle)	(Lest)	4. DATE (Month)	(Dey) (Year)				
ı	(Type or Print) John A.	Pain	ter	DEATH Dec. 2	9.1960.				
ı	5. SEX 6. COLOR OR 7. SINGLE, MARRIED	8. DATE OF	F BIRTH 9.	A GE lest birthdey IF UNDER					
1	White Whowen Divo	ed June	2,1876	34 yrs. Months	Deys Hours Min.				
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR I	OF BUSINESS NDUSTRY	11. BIRTHPLACE (Stete or foreign of	country) 12.	CITIZEN OF WHAT				
		culture	Rockingham,	Virginia U	S.A.				
ı	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	Joshua Painter		Mary Spangler						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. DOWNER BOARDORESS R.D. #1. BOX8								
	(Yes no, or unk.) (If Yes, give wer or dates of service)	one	Mrs. John I	foley Joppa.	Md.				
ì	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION	^	INTERVAL BETWEEN				
1	TOWN	10641110 1	Hoxxx++n;	Fuso	ONSET AND DEATH				
	MAMEDIATE CAUSE (A)	to juc	18411/11	we	3 70 03.				
ı	ANTECEDENT CAUSE(S) DUE TO	Sextenous!	Cardiovare	what Dis.	10 drs.				
	DISEASES OR CONDITIONS, IF ANY, (B) / 1 / GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	0-0-0-0							
ı	STATING UNDERLYING CAUSE LAST.								
ł	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE								
1	DISEASE OR CONDITION CAUSING DEATH.	·							
100	196. DATE OF OPERATION 196. MAJOR FINDINGS O	F OPERATION		- ,	20. AUTOPSY?				
ı	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home,	form, factory, 1 2	1c. WHERE DID INJURY OCCUR?	(City or Iown) (Count	YES NO I				
ł	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off	ice bldg., etc.)	-	tang treatment to the same	(0.00)				
ı	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. (White	NJURY OCCURRED 2	III. HOW DID INJURY OCCUR?						
ı	M. al wor	k fit work							
ı	22. I hereby certify that I attended the deceas		19,58 , to 10 10	1.24, 1960, that I	last saw the deceased				
ı	allys on LLC, 25 19.60, and that death occurred at 3 A.M., from the causes and on the date stated above.								
	ADDRESS (Street, city, lown, state) DATE SIGNED								
3	1-13/10/00:001	1612 CMB2-		·KK, NI	12/29/60				
1	23. BORIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR		OCATION (City, lown, or county)	, foretol				
	Burial Jan. 2, 196	Mount Craw	ford Cem. 1	dount Crawfor	d, Va.				
	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIG	VI 1284 A 15 A	ADDRESS ,				
15	DATE JAN 4 '61 & KIRMA		Joseph 20. Frater	Bel A.					
10									



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 13955Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) Filed o. COUNTY Harford b. COUNTHarford Maryland MARYLAND death; b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RHALOSE VNOTTISVILLE 8yrs. Rural Norrisville P d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS 2. 3. NAME OF DECEASED Eirst Middle 4. DATE Month Nettie Thomas Price 22, Dec. (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS (gst birthdoy) Months Female White Jan. 23,1913 Doys WIDOWED [7] DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Home Glade Spring, Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ŧ Richard Thomas certificate Vinnie Poe 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address IV O 212-24-7656 Claude Price, Fawn Grove RD, Pa. attending death CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. **burial-transit** PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 407 Cory 4 200. ACCIDENT WAS UNDERLYING (1 OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour a. n. Not while of work at work p. m. terss., 1952, to Aller 22, 1960, that I last saw the deceased 21. I certify that I attended the deceased from, and that death occurred at 9 D M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL shauld PHYSICIAN'S NAME (Type) n 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY page 12-26-60 Bel Air Memorial Gardens Bel Air. narford Co. Md.

ADDRESS

Stewartstown, Pa.

24a, REC'D BY REGISTRAR

DATEDEC 2 7 '60

e. IS RESIDENCE ON A FARM? YES X NO

USA

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stota)

DATE SIGNED

(Stote)

245 REGISTRAR'S SIGNATURE

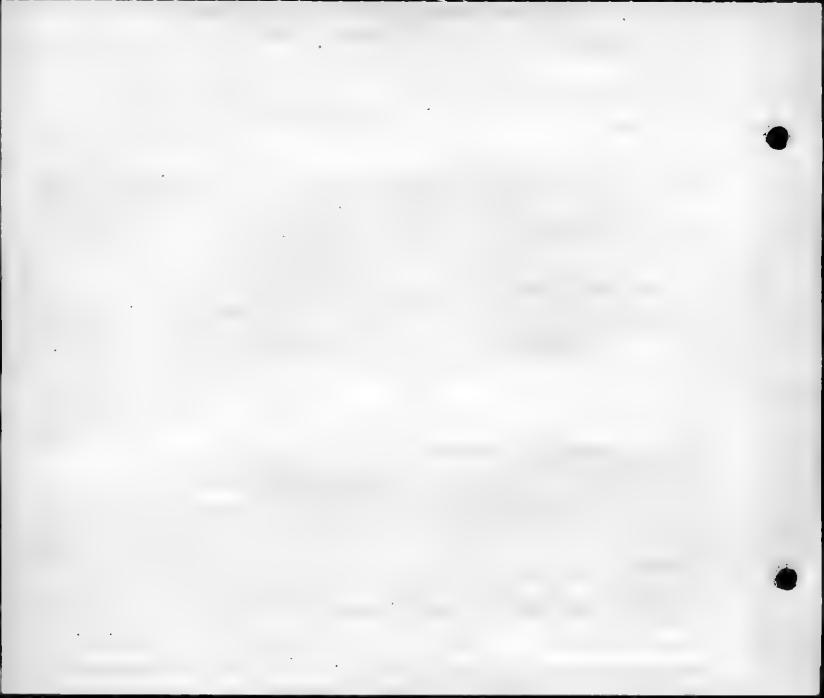
arthur & Henry

Year

1960

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23. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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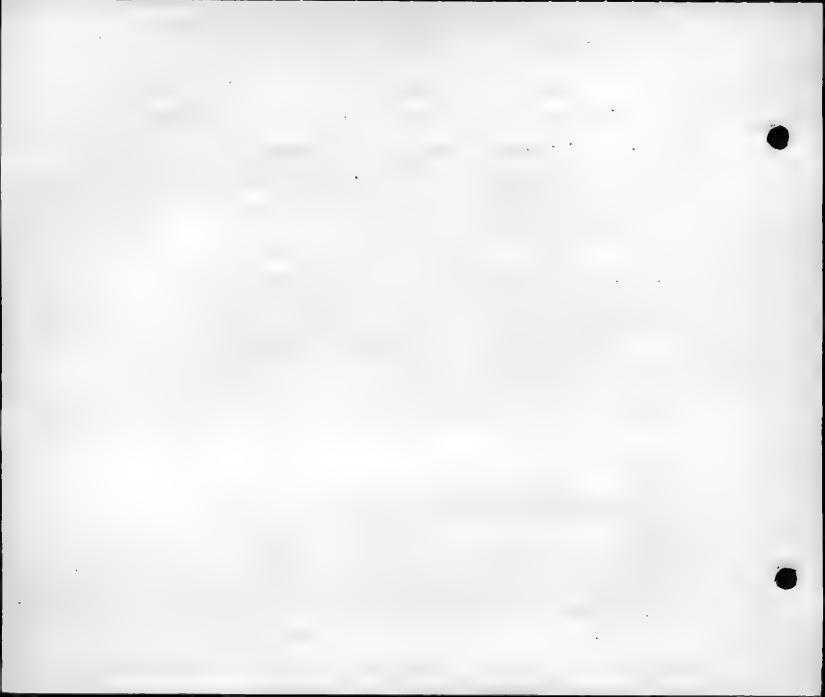
FUNERAL 0

DIRECTOR



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission I. PLACE OF DEATH a. COUNTY g b. COUNTY DOMEST VALUE OF eral CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (V autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town B. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO T FOR dnd ,5 NAME OF 4. DATE Month Doy filled DEATH 260 196 oges (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH last birthday) Months Hours WIDOWED [YIS. 12. CITIZEN OF WHAT COUNTRY? 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE during mast of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pillysicinin ROW 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT SOCIAL SECURITY NO afferging please CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the **DUE TO** by permit. remaval Canditions, if any, which ballen signed gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. burial-transit haspital ar attending physician (c) 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? NO [CERTIFIC 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED, tEnter nature of injury in Part I or Part II of Item 18.) cmtificote os the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (Caunty) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. detached for 21 I certify that (I) (this haspital) attended the deceased fram.__ _____, 19___, that (I) (we) last M, from the causes and an the date stated above. __, , and that death accurred at saw the deceased alive an DIRECTOR. 22a SIGNATURE SIGNED ATTENDING STAFF pe M.D. PHYS DIRECTOR [22d ADDRESS 22c. PHYSICIAN'S 3 should NAME (Type) FUNERAL 23a. BURIAL - REMATION 23c NAME OF GEMETERY OR CREMATORY page the Sto REMOVAL (Specify) 2 **ADDRESS** 250 REC'D BY REGISTRAR 29K REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **VR AIS (4)** DATE JAN 3 Cartling 9 for

MARYLAND STATE DEPARTMENT OF HEALTH

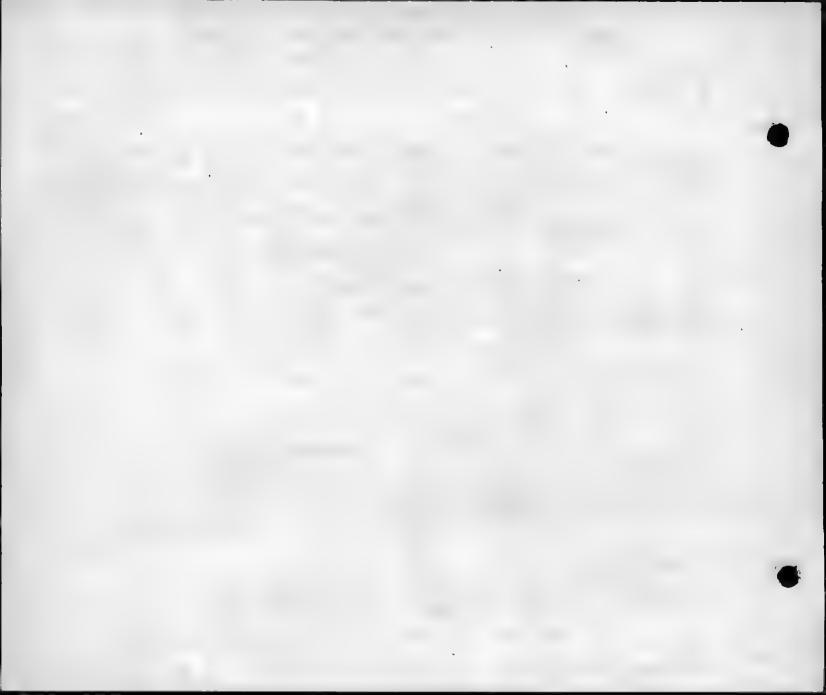


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE [Where decessed lived, If Institution; Residence before admission] e. COUNTY Health, a. STATE files. HARFORD MARYLAND HARFORD b. CITY OR TOWN (if outside corporate limits. , c. CIJY OR TOWN (If outside corporete limits, write RURAL and give necrest lows) write RURAL and give nearest town) Bel Air d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) n. IS RESIDENCE ON A FARMI retained he State B the St. 11h Chatham Rd. 114 Chatham Rd. 3. NAME OF 4. DATE DECEASED (Type or print) DEATH 19 60 DTANE LYNN ROSE 7-MARRIED NEVER MARRIED V | B. DATE OF BIRTH 6. COLOR OR RACI AGE (In years 2 with last birthday) Female DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME peq. ARMED FORCES? (Yes, no Ab unkown) ; (Ifyesgive warordatesofservice NIERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), Office along burial-transit p ONSET AND DEATH DEATH WAS CAUSED BY: Status thymo lymphaticus. IMMEDIATE CAUSE (a) Office DUE TO il eny, gave rise to immediate cause **DUE TO** (e), stating the underlying should be used rial, cremation, u PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19. WAS ALTOPSY PERFORMED? NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part II or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (Slete) factory, street, office bldg., etc.) Not While lease execute the certificate, should be forwarded to the O. Prior 21. I certify that I took charge of the remains described above, held an Autopsy IX Inspection and in my opinion should be forwarded FUNERAL DIRECT death resulted from: Suicide Natural causes X Accident Homicide Undetermined manner ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE December 15, 1960 DEPUTY MEDICAL EXAMINER DEPUT William W. Lovitt. Jr., M.D. Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 226. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION [City, town, or country] REMOVAL (Specify) BEL ATT MEMORIAL GARDENS Burin 0 FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR w. Broadway + Williams St. VS., ATEME DEC 2 0 '60 Car hun S. Thous 5/A 7/59



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission PLACE OF DEATH o. COUNTY o. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN III outside con c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL d. STREET ADDRESS not in hospital, give street address) e. IS RESIDENCE YES NO Z NAME OF DATE DECEASED (Type or print) 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Days WIDOWED [DIVORCED '⇒ yrs. 10c. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME . WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANI PM3. permit. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY HAMEDIATE CAUSE (6) form DUE TO Conditions, if any, which gove rise to immediate couse **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION G. VEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO F 20g. EXTERNAL CAUSE WAS PRIMARY SON CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) edical factory, street, office bldg , etc.) Not while al work of while 21. 1 certify that I took charge of the remains described above, held an Autopsy []. Inspection /, Inquiry Accident . death resulted from: Natural causes . Suicide . Homicide , Undetermined cause DATE SIGNED ACTUAL O FUNERAL ASSISTANT MEDICAL EXAMINER forward NAME (Type) DEPUTY MEDICAL EXAMINER TH 220. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stole) 24b. REGISTRAR'S SIGNATURE \$4a. REC'D BY REGISTRAR VS. A15ME(5) arthur & Kraps 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



death

filled

or attending physician

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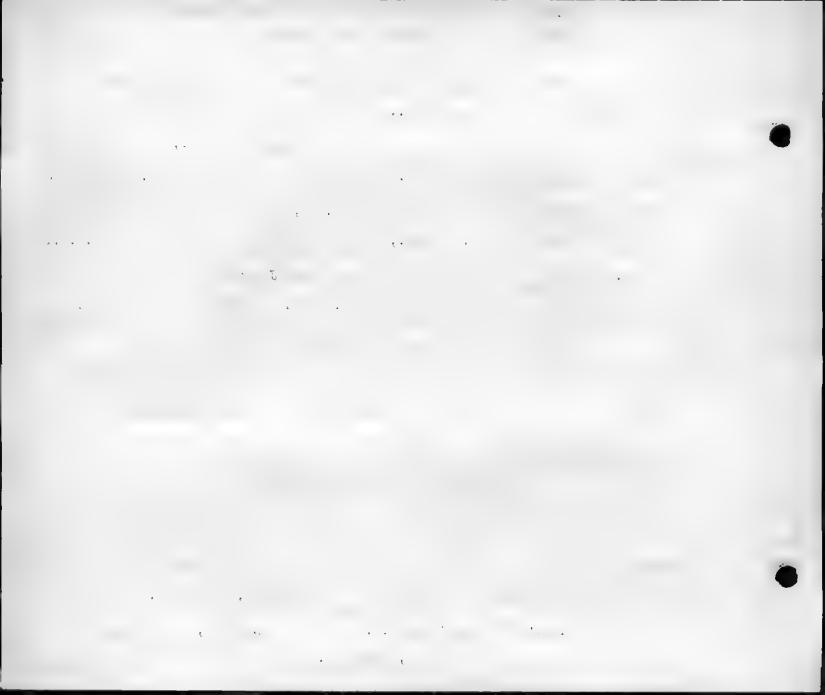
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	MARYLAND STAT		
4 2 0 C P III III	III OF STATISTICAL RESEAR	CH AND RECORDS —	BALTIMORE 1, MARYLAND ATH
19990	CERTIFIC	CATE OF DEA	ATH

	1	9330		CERTI	FICA	TE OF D	EATH				139	229	
	PLACE OF DEATH o. COUNTY	Harford		MAR	YLAND	2. USUAL RES	Mary		I ved. If 'nstituti b. COUNTY		nce befor	_	iion)
	b. CITY OR TOWN (RURAL and give n	If outside corporate lime earest tawn) Aberdeen	its, write	c. LENGTH OF STAY			TOWN (IF 6	utside corpore	ote timits, write R	URAL ond	give nec	rest town	n)
-	d NAME OF HOSPI OR INSTITUTION	IAL (If not in hospital, s	Hosp:		5	d. STREET		nical (cellest		İ		FARM?
3	NAME OF	Aberdeen Pr	ovin	g Ground,	Md.		ewood.	Mary 4. DATE	land	ab.			Yeor
J.	DECEASED (Type or print)	Donald	\$1	DeSales	-	Shaff		OF DEATH	Dece	_	2	,	1660
5.	SEX	6 COLOR OR RACE	7. MARR	RIED NEVER MARR	IED 🛣	B. DATE OF BIR	тн	1	9. AGE (In years last birthday)		R 1 YEAR	IF UND	ER 24 HRS.
	Male	Cau	WIDOWI	DIVORC	ED 🔲	6 Decem	ber 19	939	21 yrs.		Days	Hours	Min
L	Soldier-	ON (Give kind of work king life, even if retired SP-4	done 10b.	U. S. Ar		Pen	nsylva	nia	untry)	12.CI	rizen of US		COUNTRY?
13.	Ambrose I	Shaffer				14 MOTHER		Emeric	·le				
15.	WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	0. 17 1	NFORMANT	reari	rmer.TC	Add Add	ress			
{Y	Yes	Mar 58-Dec		6-38-1473		Officia	1 U. S	. Army	record	5			
	PART I DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ne for (o), (b), and (c)		emorrhag	(e				ONS	RVAL BE ET AND 7 ho	TWEEN DEATH
	Conditions, if a		•)	Unkno	WILL.								
	couse (o), stoting	the under-											
CATION		HER SIGNIFICANT CON	<u> </u>	CONTRIBUTING TO D	EATH BU	NOT RELATED T	O THETERMI	NAL DISEASE	CONDITION GIV	/EN IN PA	RT 1(o) 1	PERFO	AUTOPSY PINED?
CERTIFICATION	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER	20b DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature	of injury in I	Port I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Ye	ar 20d II While at war		20e. Pi	ACE OF INJURY ctory, street, offi	(Home, farm ce bldg., etc.	20f. (City	or town)		(Caunty)		(State)
		at (1) (this haspitalised alive on 23	Dec_	960 . and	d that	ATTENDIF	NG MI DI RESS U.	M, from	STAFF HHYS D	d on th	Dec	stated 22 embe	
			GROSS			MC	Abe		Proving				
23	REMOVAL (Specify		60 ,	23c. NAME OF CEN	METERY O	OR CREMATORY	EM_	HYI	ION (City, town, V <i>D) MAI</i>	V	PA	(Stai	te)
24	Um 600	K-Blig	It.	6009 Ha	you	d Rd.		D BY REGISTI		STRAR'S S		RE	



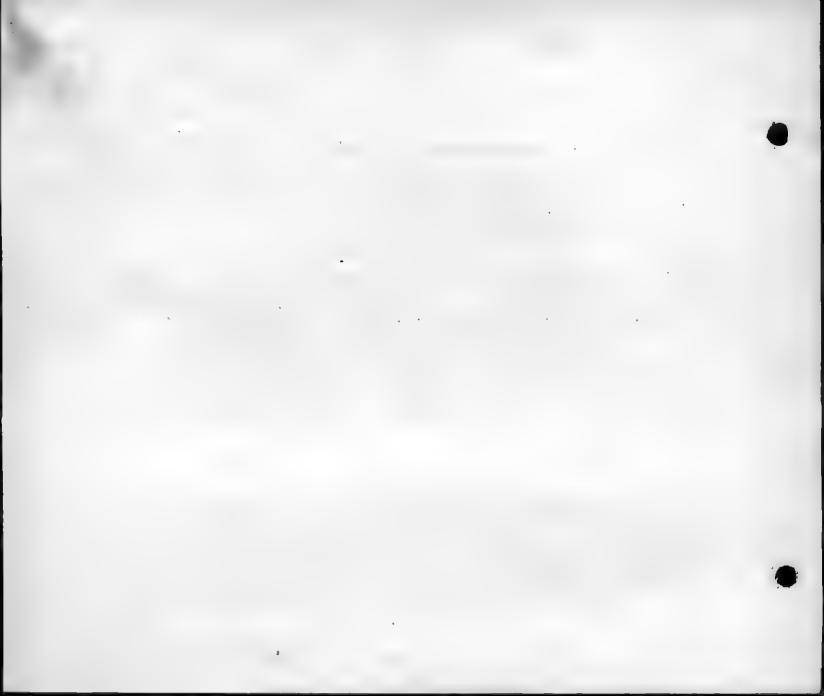
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13957**CERTIFICATE OF DEATH** Reg. Dist. No. ¥ I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. COUNTY a. STATE **b** COUNTY MARYLAND Harford Maryland Harford era b. CITY OR TOWN (If outside carporale fimits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 70 Edgewood yrs. Edgewood d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS OR INSTITUTION ON A FARM? YES NOT 33 Flying Point Rd.. Pub ڃ. NAME OF Middle 4. DATE Day Year DECEASED OF DEATH 1960 Pages (Type or print) Nathaniel S. Smith Dec. 19 the death certificate be executed within 6 COLOR OR RACE 7. MARRIED THEYER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS letely 5. SEX 8. DATE OF BIRTH AGE (In years lost birthday) Manths Days Hours Min DIVORCED [7] white WIDOWED [male Ьα yes compl 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stale or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S. Govt., and Crane Operator Virginia U.S.A., after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician N.T. Smith Emma Johnson IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address aftending p 223-18-2415 Edgewodd Ruth H. Smith Marvland. no 18. CAUSE OF DEATH [Enter only one cause per line for (a). (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 6 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Canditions, if any, which permit (b) been signed gave tise to immediate **DUE TO** cause (a), stating the undercertificate has been si lying couse last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO FAT 20g ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.] Hour a.m. While Nat white of work at work 19_60 that I last saw the deceased I certify that Lattended the deceased fram. 1.50 hm, from the causes and on the date stated above. . and/that death accurred by the ADDRESS (Street city or lown, state) det ACTUAL SIGNATURE shauld FUNERAL PHYSICIAN'S Maryland. NAME (Type) Louis Kahan 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (State) page REMOVAL (Specify) Dec.19.1960 Removal Purviance F.H.. Boykins Virginia 0 23_EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR VS A15 (4) Abingdon, Maryland. DATEDEC 2 3 160 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH D RECORDS, 301 W. PRESTON STREET, **BALTIMORE 1, MARYLAND EXAMINER'S** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Ri a. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (if outside corporate limits, c, CITY OR TOWN (If outside gorporate I m is, write RURAL and give neerest town) write RURAL and give neerest town) d. NAME OF HOSPITAL ON A FARM? 3. NAME OF Midd.a DECEASED (Typa or print) DEATH with 5. SEX AGE (In years ay 2 witl and 2 wi last birthday) 1, 2, and WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR pages Office along with form IIM3. EATHER'S NAME φ 16. SOCIAL SECURITY NO. 17. INFORMAN (If yas give was or datas of service) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pue IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immadiata causa DUE TO (a), stating the underlying cremation, PART II. OTHER S CHIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 11 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 NO plnods 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part 1 or Part II of Item 18.) PRIMARY | or CONTRIBUTING | burial. CAUSE OF DEATH. I 20d, INJURY OCCURRED . 2Da, PLACE OF INJURY (Home, farm, . 20f, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) forwarded to the Chil factory, street, office bldg., atc.) 2 While Not While at work al work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner ACTUAL DATE SIGNED PUNERAL DEPUTY MEDICAL EXAMINER DEPU should Address (Street, city, town, as county) SURIAL, OREMATION, VAL (Spacify) 0 W. 10 24a, REC'D BY 24b. REGISTRAR'S SIGNATURE A15ME arling S. Thous



- 1				MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
				13949 CERTIFICATE OF DEATH 13032
Poge A		1		LACE OF DEATH COUNTY APP FORD MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) STATE B. COUNTY APP FORD MARYLAND
death.			4	CTY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
rs after	S. Shou	1	1	NAME OF HOSP TAL (If pot an hospital, give street address), OR INST LUTION ARFORD MCMORIAL HOSP 6. IS RESIDENCE ON A FARM? YES \(\sigma \) NO AD NO AD FARM?
24 hav	es I and		D	AME OF First Middle State Lost 4. DATE Month Day Year OF DEATH OCCUMED 12 1960
3 =	ers. Pages after death		S. S	
e executed and campl	pap hours		10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY?
e G	, within 72		L	ATHER'S NAME 14. MOTHER'S MAIDEN NAME Elsie Roberta Stephens
9 0	event, v			NAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or dates of service) 16 SOCIAL SECURITY NO 17. INFORMANT Address Have the Second Have t
he death s aftendi	en plea: d in ony			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH AF CAUSE ONSET AND DEATH
s that t d by th	mit. Th			Conditions, if any, which gove rise to immediate (b)
require ian signe	or remo		7	cause (a), stoling the under DUE TO lying cause lost. (c)
The low 3 physic hos bee	notion,	0	FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO
CIAN: Hending tificote	s the bu iol, cre		9	20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)
PHYSI ital or o this cer	or use our to bu		MEDICA	20c. TIME OF INJURY Month, Doy, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While of work
hasp After	thed to			21 I certify that (I) (this hospital) attended the deceased fram Doccuse 1, 1960, to Dec 12, 1960, that (I) (we) lost sow the deceased alive an Live 12, 1960, and that death occurred at 24 M, from the causes and on the date stated above.
ATTEN by the RECTOR:	be detac af Heal	1		220 SIGNATURE C STAFF /2 - /2 C SIGNED PHYS /2 - /2 C SIGNED
ret RAL DU	shauld e Board	1		22c PHYSICIAN'S NAME (Type) E. J SIMION Tank De Este Like
May be o	page 3 the Stat	*	13	BURIAL, CREMAT ON. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) LRIAL (Specify) 12-13-1960 ANGEL HILL COM, HAVPE DE CHRACE MD.
VR ATS (4)	1	34	- Hadrade Lite Well Harride Live Mo. DATDEC 1 4 '60 256 REGISTRAR'S SIGNATURE Order 2. Thomas
10	pr1			101/201XV



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 13958CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission er death. Poge PLACE OF DEATH a. COUNTY **b** COUNTY g MARYLAND Harford Marvland Harford b CITY OR TOWN (If autside carporate limits, write c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Aberdeen Aberdeen d NAME OF HOSPITAL (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 207 Darlington Avenue Hospital Aberdeen Proving Ground, Md YES NO X .€ 200 DATE OF DEATH NAME OF First Middle 4. Month Lost Year CRYSTAL ANN STAPLES December (Type or print) 19 60 ofter death S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months White Female WIDOWED | DIVORCED | Dec popers. ם hours 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ò during most of working life, even if retired) TISA Maryland puo 2 ٥ 14. MOTHER'S MAIDEN NAME 3. FATHER'S NAME <u>0</u> .⊑ physicion Shirley Annette Daugherty George Arlington Staples гетоме WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Darlington Avenue b Mother Abardeen Maryland eose offendi 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Prematurity associated with microcephaly. 50 min meningoencepholocele and spina bifida ρχ Canditians, if any, which permit removo gned fbl gave rise to immediate **DUE TO** cause (a), stating the underhospital ar oftending physician. After this certificate has been si lying couse last. **buriol-tronsit** PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19. WAS AUTOPSY cremation, PERFORMED? YES NO KT 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port I of item 18.) the õ 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f (City or fawn) Doy, Year 20d INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a, m While Not while p. m. at wark 🔲 ot wark ATTENDING P be detoched for 21 I certify that M (this haspital) attended the deceased from 3 December 1960, to 3 December 1960, that (1) (we) lost 3 December 9 60 and that death occurred at 50PM, from the causes and on the date stated above. saw the deceased alive on TO FUNERAL DIRECTOR: poge 3 should be detach 22b DATE ATTENDING SIGNED MED DIRECTOR STAFF M.D Dec 60 22c. PHYSICIAN'S Army Hospital NAME (Type) ARKERISIONSHOW Proving Ground, Maryland Capt MC poge 3 shithe State 230 BURIAL CREMATION, 236 DATE THEREOF 23d LOCATION (City, town, or county) 23c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2Se REC'D BY REGISTRAR VR A1S (4) 1SM 9/59 arthur & into

MARYLAND STATE DEPARTMENT OF HEALTH

Hock Eckenster

AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S n 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before sumission) PLACE OF DEATH rector, Page your files. a COUNTY Health, a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (I outside corporete lim ts. c LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 5 Board d NAME OF HOSPITAL OR INSTITUTION (Junot in hospital, give street address) d. STREET ADDRESS m. IS RESIDENCE ON A FARM? State DATE NAME OF Middle DECEASED i Pe (Type or print) DEATH ¥ith AGE (In years 'IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. NEWSBURN ARRISO [5 m and 2 w last birthday) Months WIDOWED 🖼 1Da. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working I to, even if retire pages | within P.M.3. FIG certificate should be executed within ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORM (Yes, no, or unkown) | (If yes a we we ror dates of service) Dermit. in pencil in Item 1 Office along with 18. CAUSE OF DEATH [Enter only one cause per ane for (a), (b), end (c).] INTERVAL BETWEEN Ę, ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY, and, IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying 20 cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19. WAS AUTOPSY PERFORMED? 8 NO Medical pluods DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING to the Chief I ease execute the certificate, writing Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Mome, farm, 1 2014 (City or town) (County) (State) 20c. TIME OF INJURY factory, street, office bldg., atc.) While Not While et work al work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry be forwarded RAL DIRECT Accident Undetermined manner death resulted from. Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER designated DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL DEPUTY MEDICAL EXAMINER DEPUT NAME (Type) Address (Street, city, lown, or county) (State) 40 8 VS. A15ME a return & Thomas 5M 7/59

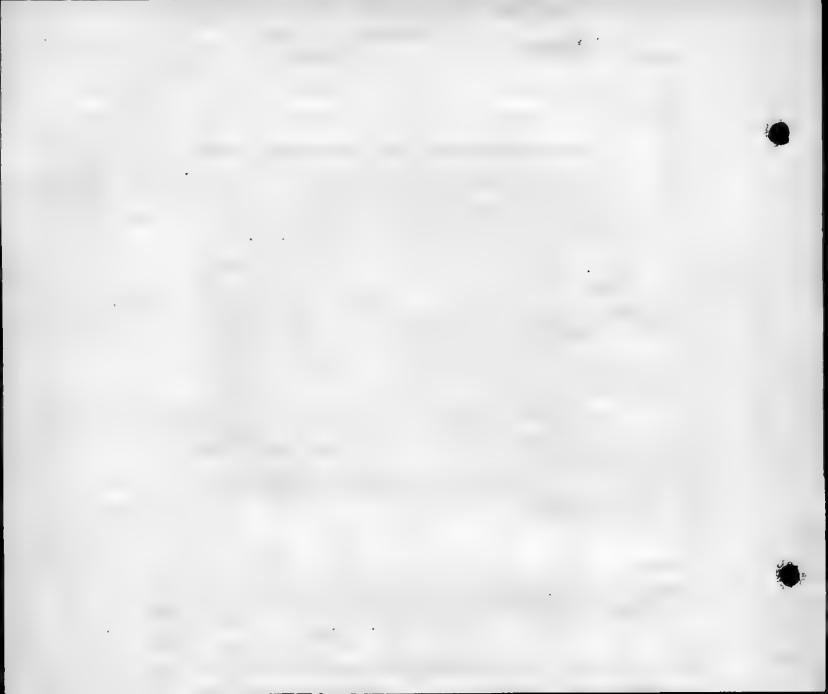
STATE DEPARTMENT OF HEAL



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be reted, by the hospital or altending physician.

TO FUNERAL EXECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Popper 1 and 5 should be fried-with the registror prior to burial, cremotion, or removal, and in any event within 72 hours after death.

		MARY	LAND	STATE DEPARTM	ENT OF	HEALTH	I-BAL	TIMORE, 1	18			
		19800		CERTIFICA	ATE OF	DEATH	1		Reg. D	Dist. No	.13	935
1.	PLACE OF DEATH	17777			2. USUAL RES	IDENCE (Wh	ere deceased	I lived. If institut			300	ion)
	a. COUNTY	Harford		MARYLAND	a. SIATE	arvlar	_	b. COUNTY	,	rfor	_	
	RURAL and give n	If outside carparate lim earest town)	ts, write	c. LENGTH OF STAY IN 16		TOWN (If o	utside corpo	rate limits, write f			-)
-	Norrisvi		ive street	nddress)	d. STREET		isvill	<u>e</u>			e. IS RES	IDENICE
L		TAL (If not in hospitat, ç			J. STREET	ADDRESS					ON A	FARM?
1	NAME OF DECEASED	Fig.		Middle		ost 17	4. DATE OF DEATH	Mor	nth 7.0	CO De	Jy .	Vear
_	(Type or print)		ank	***	Tyrrel		1	Dec. 1				19
5.	SEX		7. MARR		B DATE OF BIRT			9. AGE (In years lost birthday)	IF UNDE Manths		IF UNDE	R 24 HRS
_	Male	White	WIDOWE	J	Dec. 4,1			>~~ yrs	Months	Doys	riders	PANIE
100	during most of wor Farmer	ON (Give kind of work king life, even if retired		kind of Business or Indu. Own Farm		PLACE (Stole	-	ountry)	12. C	USA	OF WHAT	COUNTRY
13.	FATHER'S NAME				14. MOTHER	S MAIDEN N	IAME					
\	Josep	h B. Tyrrel	1		Jane	e Eliza	abeth	Gantz				
15.		R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17. I	NFORMANT			Add	lress		-	
111	No.	(It yes, give war or dates of s	ervice)	None M	ary Jenk	cins,	Stewar	tstown R	W# 1 ,	Pa.		
Г		ATH [Enter only one co		ne for (o), (b), and (c).) .	ı)	()	٨		INT	ERVAL BE	TWEEN
Н	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	m to mil	Ll V	1	4	daa	2.	UN	SEI AND	DEATH
	70	DUE TO		,					1			
1	Conditions, if b	nny, which				7)			
	gave rise ta i	mmediate (·	
	lying cause last.	the <u>under-</u>	1									
Z	PART II. OTI	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASI	CONDITION GIV	VEN IN PA	RT 1(a) 1	9 WAS /	AUTOPSY
Ŧ											PERFO YES	NO K
MEDICAL CERTIFICATION	20g, ACCIDENT WA	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURRE). (Enter nature o	af injury in f	art I ar Part	II of item 18.)			120	110 25
15	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
ĮŠ.	20c. TIME OF INJUR	tY Month, Day, Ye			ACE OF INJURY	(Home, form	20f. (City	or lawn)		(County)		(State)
MED	Hove o. m.	19	While at work	Nat while fac	dary, street, affic	ce bldg., etc.	'					
	21. I certify-th	at I attended the	decease	ed from June 2	0 , 1960), to 1	20.1	12 60	2.that I	last so	aw the	decease
П	alive on) m c - 10 v	12 4	and that death	occurred at	6:15f	M. from	the causes o	and on	the da	te state	d above
П	1 /		121		T	\	ADDRESS (SI	reet, city or town,	state)		, DA	TE SIGNE
	SIGNATURE	amen	10,0	Mmm H	M.D. Dla	TUDDI	nokel	m, 16	1	RC.	1/1/	460
П	PHYSICIAN'S BT											4-6
L	NAME (Type) N	orman H. C	emmi	I.I.								
220	REMOVAL (Specify)	ON, 226. DATE THEREC		22c. NAME OF CEMETERY O	R CREMATORY			ION (City, town,			(State	:)
			,	Centre Presb	y. Cem.			ark, York	Co.	Pa.		
23.	FUNERAL DIRECTOR		2	ADDRESS		240. REC'I	BY REGIST	RAR 24b. REGI				
	Tennetti u	quem	<i></i>	Stewartsto	wn Po	DATE	1 0 00	ari	Lug L	Trans	<u> </u>	



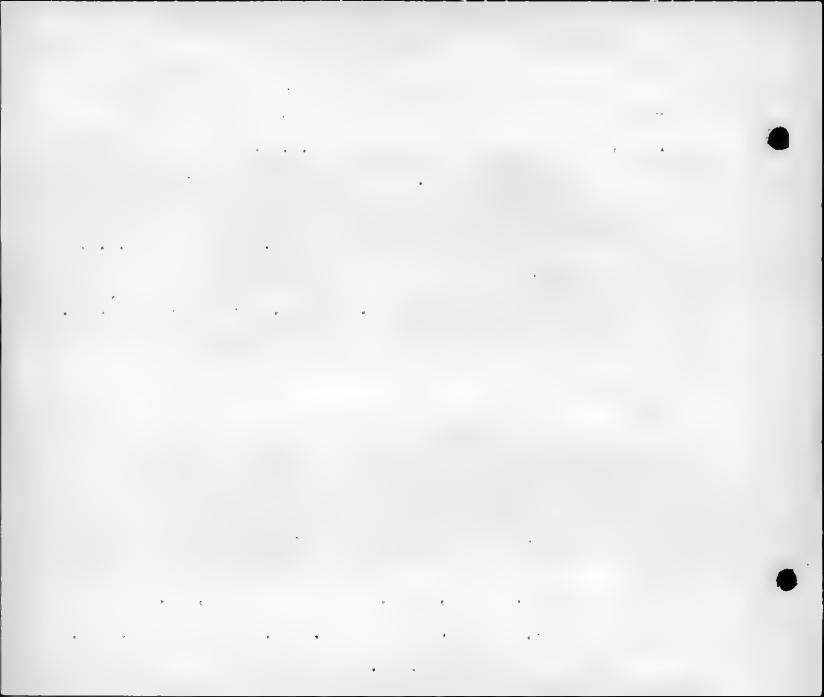
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13961 **CERTIFICATE OF DEATH** Rea. Dist. No. 7 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission o. COUNTY be filed **b.** COUNTY MARYLAND W b. CITY OR TOWN (If outside corporate limits, write RURAL fond give nearfst tops) c LENGTH OF STAY IN 16 c. CITY OR TOWN Uf outside corporate limits, write RURAL and give nearest town] ъ excherce d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR/INSTITUTION ON A FARM? YES NO NO NAME OF 4. DATE Middle Manth DOCUMENTS. OF 1960 (Type or print) DEATH 9 AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR MACE 7. MARRIED NEVER MARRIED 1 8. DATE OF Months WIDOWED 54 DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY T). BIRTHPLACE (State or foreign-country) 12 CITIZEN OF/WHAT COUNTRY? garing most)of working life, even if retired) puo ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CAUSE OF DEATH [Enter only one couse per line fat (o), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY MES IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO 19-200. ACCIDENT WAS UNDERLYING IN OR CONTRIBUTING INCLUDED CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (State) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased from 1964 that I last sow the deceased _, and that death accurred at 32 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) det **ACTUAL** W. Bel Air Ave. SIGNATURE 3 should PHYSICIAN'S B.J. Plunkett. M.D. Aberdeen. Md. NAME (Type) 220 BURIAL, CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LQCATION (City, town, or county) (State) EMOVAL (Spec fy) 24b REGISTRAR'S SIGNATUR 24a. REC'D BY REGISTRAR VS A15 (4) Cilling S. Thomas DEC 1 5 '60 15M 10/57

death.



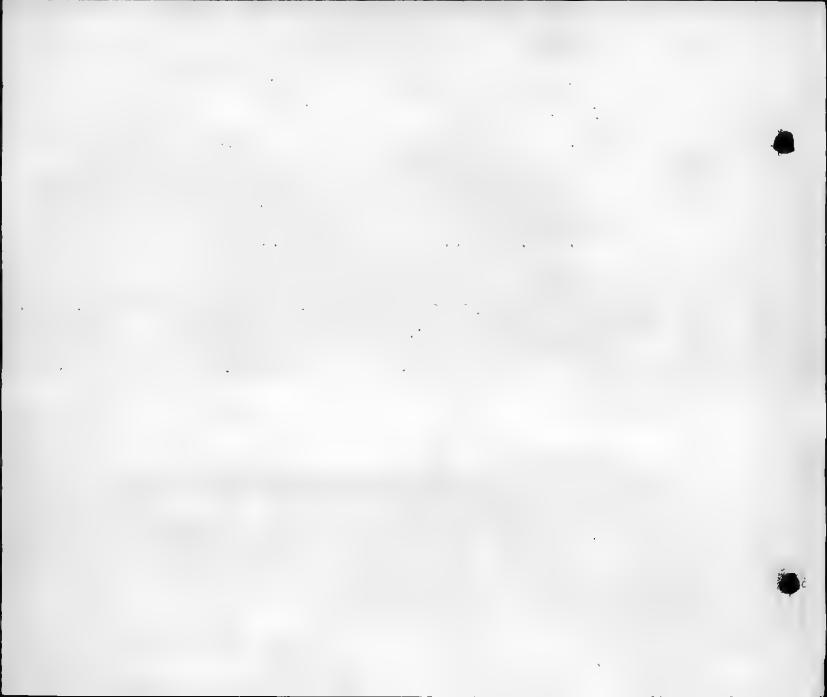
i nji	J.		13	962		CERTIFIC	ATE O	F DEATH	1	Reg. (Pist. No.	13937
director,		1.	LACE OF DEATH	Harford		MARYLAND	2. USUAL o. STAT	RESIDENCE (Wh	_	d. If institution Reside		
funeral			CITY OR TOWN (If ouls RURAL and give negres) (Rural) Ab	erdeen		IGTH OF STAY IN 16	City	or town (If or		limits, write RURAL onc		
			NAME OF HOSPITAL IN OR INSTITUTION R.D #2, B	ox 158	e street oddress)		d. STRI	EET ADDRESS	2, Box	158	e. IS	S RESIDENCE ON A FARM? ES X NO
filled in	X		NAME OF DECEASED Type or print)	ELIZAB		Middle P.	WE	LOST ER	4. DATE OF DEATH	Month December	15°	Year 19 60
campletely fille		5. 5	Female '	White	WIDOWED	NEVER MARRIED [B. DATE OF	19, 18	66 "	9 Months		UNDER 24 HRS
		10a	during most of working him HOUSOWII	ive kind of work do le, even if retired)	_	F BUSINESS OR IND	USTRY 11. BIR	Penna Penna			I.S.A.	HAT COUNTRY
	1	13.	FATHER'S NAME				14 MOTH	IER'S MAIDEN N	_			
	1	_		Pinkerto				Salli	e Down	ing		
nding physic case remove hin 72 hours		15. (Yes	WAS DECEASED EVER IN E	J \$ ARMED FORCE	ES? 16. SOCIAL		INFORMANT	ncy W.	Barne	Address RI S Aberde		-
tend pleas			18. CAUSE OF DEATH		e per line(fo) (o	1. 1.					INTERVA	AL BETWEEN
a e o d		li	FART I. DEATH W	AS CAUSED BY: EDIATE CAUSE (o)_	70	1943CAND!	0 1	1 Jem ory	rhape,	Spontaneo		0245
五年为			2200	DUE TO	(3)		1 010		,		+	
B B F P			Conditions, if any, w	liote (U)_	L'e	ucho	At Lar	1026/6VU	1535		b	yr.
ion. ion. ion. iond in		7	lying couse lost.	DUE TO								
physic has bee rial-tro moval,		CERTIFICATION								NDITION GIVEN IN PA	Pt	VAS AUTOPSY ERFORMED? S NO TO
Hending Historie He bu	^		200. ACCIDENT WAS UNI OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	CAL EXAMINER)	06 DESCRIBE H	OW INJURY OCCURR	ED. (Enter nate	ure of injury in Po	ort I or Part II o	item 18.)		
this cer r use a	0	MEDICA	20c. TIME OF INJURY Mo Hour o.m. p.m.	onth, Doy, Year 19	20d, INJURY C	OCCURRED 20e. P	LACE OF INJU	IRY (Home, form, office bldg., etc.)	20f. (City or Id	own)	(County)	(State)
Start of the control			21. I certify that	attended the d	leceased fra	m AVEVET		46, 10 V	1-15-	, 19/20,that I	last saw	the deceases
The h			alive on12	AFTIMAL-	, 19/120	, and that deat	h accurred	at 5;00	My fram th	e causes and an	he date s	tated abave
by CCI of be de prior to	i		RONATURE	LIDAY.	Work	luty,	M.D	_	Law S	city or town, stote)		DATE SIGNED
De reta INERAL D je 3 should registrar pr	1			Peter P.	Rodma	an, M.D.	-	A	berdeel	ı, Md.		
may bo FUNI	ā	L_,	Burial	12/17/6		ame of cemetery our chville				(City town, or county) archville		(State)
VS A15 (4) 15M 10/57	K.	23	unggal director's sign Thu 9. Parrun	G - 0	arrint Aber	rdeen, Mo	Home		BY REGISTRAR	246 REGISTRAR'S SI		
	E.	11		7					TO KING OU	10000000	- Malle	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

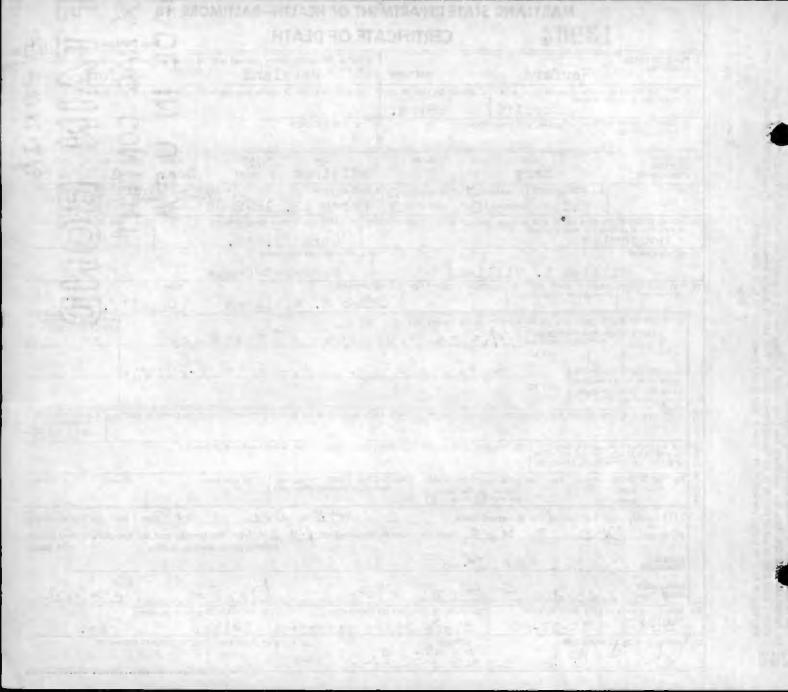


MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND **FOR STATE** | 2. USUAL RESIDENCE (Where decessed lived, if institution, Reduced to block demission) 1. PLACE OF DEATH necessary, actor, Page e. COUNTY Health, a. STATE b. COUNTY director, Page or your files. HARFORD HARFORD MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate I mits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Darlington Darlington d. NAME OF HOSPITAL OR INSTITUTION (it not to hospital, a ve street address) d STREET ADDRESS . IS RESIDENCE Boar ON A FARM? State | YES NO 3. NAME OF Middle 4. DATE Year DECEASED OF with the (Type or print) DEATH **JOHN** December 15 19 WICESTER 6. COLOR OR RACE AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED , 2, a rage 5 m 1 and 2 w. 2 hours a 10e. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY foreign country] Page done during most of working life, even strettred) 8. Give Pages 1, pages 1 within P.M.3. 13. FATHER'S NAME with form 16. SOCIAL SECURITY NO 17. INFORMANT in pencil in Item 1 MEDICAL EXAMINER: This certificate should be executed INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line Office along ONSET AND DEATH PART I, DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a) KOOK buriat MOVA Hypertensive arteriosclerotic cardiovascular Cond hons, which (6) geva rise to immediate causa Disease. (a), stating the underlying Examiner cause last. pesn cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word NO [Medical pluods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, fentar neture of Injury in Part II or Part II of item 18.1 PRIMARY | or CONTRIBUTING CAUSE OF DEATH. Slipped off icy path and fell in the Susquehanna River. Chief ZOC. TIME OF INJURY 20d, INJURY OCCURRED - 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) Month, Dev. Yeer (County) (State) should be forwarded to the Chi FUNERAL DIRECTOR: Page factory, streat, office bldg., atc.) While prior to al work at work water Darlington Harford Md. 21. I certify that I took charge of the remains described above, held an Autopsy 🕎 Inspection 1 Inquiry and in my opinion Undetermined manner Suicide death resulted from-Matural causes Accident Homicide CHIEF MEDICAL EXAMINER [ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER THE SIGNATURE December 15, 1960 DEPUTY MEDICAL EXAMINER EXAMINER'S William Lovitt, Jr., M.D. NAME (Type) DEPU Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, GREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) (Stefe) REMICOCAL-(Sewelfy) 40 ঠ RECAD BY REGISTRAR 246, REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

1 1	,	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
ا عد		(3919 CERTIFICATE OF DEATH Reg. Dist. No. 1393	9
director iled wit		PLACE OF DEATH o. COUNTY Harford MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY	4
funeral		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Abendeen C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)	y 4.
d 2 shou	g.	d. NAME OF HOSPITAL (It not in hospital, give street address) OR INSTITUTION 18 W. Belair Avenue d. Street ADDRESS ON A FARM YES NO	
lled in	<	DECEASED DA ()	60
s. Page	T	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH male white WIDOWED DIVORCED Oct 19, 1901 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 Hours Mail 1931 birthday) Months Days Hours Mail	
nd camp n paper death.	4	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Warning most of working life, even if relired). Tea (o. Baltimore, Maryland USA	NTRY
ctan an e carbo s after			
ng phys remay 72 haur		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	Rd
attending please		18. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HCULE CORE on EACH COLOGICAL COST COLOGICAL COST COST COST COST COST COST COST COST	Z H
d by the air. The		Conditions, if ony, which) by Caroner, Anterio Schoraster 5 400	1.1/2
sit per		gove rise to immediate course (a), stating the under. Solution ,	
physical post per italian para		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN GIVE	?
ficate the bur	10 m		
this cert		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 Of work of wor	lote)
After a ched for urial, or	1	21. I certify that I attended the deceased from 1022, 1997, to Dec. 14, 1962 that I last saw the deceased glive on 1962, ond that death occurred at 4 M. from the causes and on the date stated above.	
KECTOR E deto ior to b		ACTUAL SIGNATURE ST. ELLECT ELLS M.D. 114 G. BUTTURE AT SIGNATURE	
RAL OI should strar pr		PHYSICIAN'S ANDRE liciss Abondoni, Md	
DO FUNE Poge 3 the regi	1	Burial 12/17/60 Woodlawn (emetery Baltimore, Maryland	
A1S (4) M 9/5S		Leonard J. Ruck 5305 Harford Road#14 DEG 1 6 60 24b. REGISTRAR'S SIGNATURE Called St. Harford Road#14	
	The FUNERAL DIRECTOR: Another this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.	TO FUNERAL OFFICE OFFICE After this certificate has been signed by the attending physician and campletely filled in the funeral directions and standard process. Pages 1 and 2 should be filled the registrar prior to burial, cremation, and in any event within 72 hours after death. The registrar prior to burial, cremation, and in any event within 72 hours after death.	CERTIFICATE OF DEATH Req. Dis. No. 1 203 1. PLACE OF DEATH A COUNTY Hard on Continue Plant of Death Hard on Continue Plant on



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13965 CERTIFICATE OF DEATH

Reg. Dist. No. 13941

1. PLACE OF DEATH a. COUNTY	703		MARYLAND	a. STATE			lived. If institution b. COUNTY	an: Residence	e befare adm	issian)	
b. CITY OR TOWN (IF	Harford				Mary			He	rford		
RURAL and give ne	Darlingt		68 Vrs.	Rural - Darlington							
d. NAME OF HOSPITA				M. STREET					e, IS R	ESIDENCE	
OR INSTITUTION	Dublin			11	blin				ON	A FARM?	
3. NAME OF DECEASED	Fig. Ess		Middle	lo Marie Tr		4. DATE OF	Mon		Day	Year	
(Type or print)			Mae	Wil:		DEATH	De		_16	19 60	
5. SEX	6. COLOR OR RACE	7. MARR	TED NEVER MARRIED	8. DATE OF BIRT	Н		9. AGE (In years last birthday)		YEAR IF UN		
F	White					892	68 yrs.	7910311113	Days Haus	s. Min.	
during mast at works	N (Give kind of working life, even if retired BOW110	done 10b.	KIND OF BUSINESS OR INDU				untry)	12. C(T)		AT COUNTRY?	
13. FATHER'S NAME	304110			14. MOTHER'S	olin,				USA		
	C. Hill					_					
					lisse	a Jor					
15. WAS DECEASED EVER	IN U. S. ARMED FOR	arvivo)		INFORMANT			Add				
No		21	L5-24-4856	Mrs. Ca	ather	ine I	aylor	Dar	lingt	on. Mo	
Canditions, if an gave rise to in cause (a), stating 1 lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO y: which nmediate he under- (c)		Depric Cor	neums	e C	a cle	ine Far	Qui's	1(o) 19. WA	S AUTOPSY FORMED?	
PART II. OTH	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCURRE	ED. (Enter nature o	of injury in I	Part I or Part	Il of item 18.)	4	YES	NO DK	
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	While	NJURY OCCURRED 20e. PL Nat while at work	LACE OF INJURY (actory, street, affic	(Hame, farm e bldg., etc	20f. (City	or town)	(Ce	ounty)	(Slale)	
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at lattended the	decease 12 L	ed from NOT14 Co, and that death Clyn ho	n occurred at	5 4	_M, fram	the causes of eet, city or tawn,	ind on th	e date sta		
22a. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREC		22c. NAME OF CEMETERY C		Mile and only one life age age	_	ION (City, tawn, o	or county)	(SI	ote)	
Burial	112-18-0	00	Southern	cemete	1 0/		blin		Md	•	
23. FÜNERAL DIRECTOR'S	Howein	2,	Delta, Pe	enna.		DEC 2 3		STRAR'S SIGI	Theus		

